



COUNTY BOROUGH OF BOURNEMOUTH

Annual Report

of the

Medical Officer of Health

and

Principal

School Medical Officer

For the Year 1970

PUBLIC HEALTH DEPARTMENT,
17 ST. STEPHEN'S ROAD,
BOURNEMOUTH
Telephone Bournemouth 22066



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*To the Mayor, Aldermen, and Councillors of the County Borough
of Bournemouth*

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to present my Annual Report on the health and sanitary conditions of the County Borough of Bournemouth for the year 1970, the ninety-second of a series that began in the last quarter of the nineteenth century and which, according to the present intentions of the Government, seems likely to end before attaining its centenary. Whether the proposed arrangements for community health will lead to an improvement in the service is difficult to say, but the unification of the three branches of the National Health Service should prove a considerable advantage, though the intention to maintain the personal health and personal social services under completely separate administrations would seem an unfortunate step.

Vital Statistics

The Registrar-General's mid-year estimate showed a decline in population from 149,820 to 147,540, and this latter figure forms the basis of the vital statistics that follow.

A total of 1,569 live births were registered, representing a birth rate of 10.63 per 1,000 population, compared with 1,550 live births

and a birth rate of 10.35 per 1,000 population in 1969. The latter rate was the lowest ever recorded in Bournemouth and even a small increase in the birth rate is of importance in a Borough with such a high proportion of old people. Included in the total of 1,569 births for 1970 were 228 illegitimate births (15.0%).

Stillbirths numbered 13, or 8.22 per 1,000 births, considerably lower than the national average.

Thirty-five infants died before their first birthday, an increase of 10 on the previous year, and giving an infant mortality rate of 22.3 per 1,000 live births. A high proportion of these infants were suffering from prematurity, whose cause is still imperfectly understood.

There were 2,755 registered deaths, compared with 2,714 in 1969, giving an adjusted death rate (adjusted according to the Registrar-General's formula to take into account the composition of the population) of 11.21 per 1,000 population, compared with 11.05 per 1,000 population in 1969.

There were no maternal deaths during the year.

Notifiable Infectious Diseases

There were no epidemics of notifiable infectious disease, but notifications of measles, whooping cough and food poisoning increased, as did notifications of that troublesome skin disease scabies. There were fewer cases of scarlet fever and infective hepatitis, and the Borough was completely free from all the more serious infections.

Tuberculosis

There were 24 new cases of pulmonary tuberculosis compared with 30 cases in 1969, and in addition 22 cases of notified pulmonary tuberculosis came to reside in the Borough.

Maternity and Child Welfare

Since June 1970, developmental assessment sessions, where infants and pre-school children are brought by their parents by appointment, have been available at all council owned clinics, and approximately 75% of Bournemouth children below the age of

5 years have attended these sessions. In addition to cases referred to the Consultant Paediatrician for investigation, a surprisingly large number of emotionally disturbed children have been discovered, which is in itself ample justification for these special clinics, as most of these early cases can be treated readily.

The Corporation Day Nursery at 79 Lansdowne Road continued to accept priority cases only, and there have been no particular problems. The "child minder" and "play group" movement has continued to expand and by the end of the year 40 premises were registered by the Council providing places for 756 children over the age of 2 years. It will always be a debatable point whether mothers should stay at home and look after their own children until they go to school, rather than send them to a play group or child minder at an earlier age while they themselves go out to work. Certainly there are advantages for socially deprived children and probably other categories as well, but it is difficult to escape the feeling that in some cases the interests of the child are being sacrificed to those of the parents.

Financial support continued to be given to St. Thomas' Lodge Mother and Baby Home in Charminster Road, but the Free Church Council Home in St. Alban's Avenue ceased to function during the year.

The Domiciliary Services of the Corporation

As stated in previous Reports there has been a continuous decline in home confinements over the past decade, and a corresponding increase in hospital confinements. This in its turn has necessitated early hospital discharge and the Corporation's midwives have spent an increasing amount of their time as maternity nurses. At certain times the paucity of home deliveries has led to difficulties in training pupil midwives for their C.M.B. qualification.

The remaining domiciliary services, health visiting, home nursing and domestic help have been fully extended, and only in the case of home nursing has the number of new appointments in any way replaced the wastage from retirement and resignation. Qualified nurses of all categories are a scarce commodity, and in the case of domestic helps there are so many other more financially rewarding and less arduous jobs available that the public spirit of this small group of women is beyond praise.

The Ambulance Service

The patients carried by the ambulance service showed a small increase over 1969, due to greater use of the hospital car section, and the efficient functioning of the whole service necessitated a considerable amount of overtime work by the regular crews.

Hospital policy has a profound effect on the work load of the ambulance service, and the centralising of departments and the transfer of certain specialities to out-of-town hospitals has led to both increased mileages and longer hours of duty for the ambulance men.

Vaccination and Immunisation

Arrangements have continued as in previous years, but protection against rubella (german measles) was added to the schedule from June 1970. The national shortage of measles vaccine, which was referred to in the 1969 Report, was undoubtedly responsible in part for an increased incidence of this disease in late 1970 and early 1971.

Mental Health Services

The section dealing with the mental health service has been enlarged to allow a review of this service since it became the responsibility of the local authority in 1948. Only those in office at the time can realise how meagre was our inheritance and what very real progress has been made in the period to 1970. The difficulties have been continuous and substantial if the tangible evidence of success in the way of hostels, training centres and social worker staff are excluded; perhaps the most significant achievement has been the gradual moulding of public opinion to the acceptance and encouragement of the mentally handicapped in the community. To this end the contribution of the voluntary organisations must not be forgotten, for they have been substantial.

Sanitary Circumstances, Housing and Inspection of Food

Mr. G. A. Morgan, your Chief Public Health Inspector, has reported in detail on these aspects of environmental hygiene, which have such an important bearing on the health and prosperity of a major holiday resort. Food hygiene, the inspection of houses

in multiple occupation, and of premises under the Offices, Shops and Railway Premises Act, 1963, have occupied his Inspectors' time to a considerable extent, but the full range of their activities can only be appreciated by a perusal of the report.

It remains for me to thank the Chairman and members of the Social Services Committee for their help and encouragement during the year.

My thanks are also due to my Deputy, Dr. J. G. Meadows, to Mr. J. W. Roberts, my Chief Administrative Assistant, and to all my staff for their loyal co-operation.

I have the honour to be,

Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

WILLIAM FIELDING.

Health Committee and Staff

as at 31st December, 1970

SOCIAL SERVICES (HEALTH) COMMITTEE

The Mayor (Alderman E. A. Lane)

Alderman P. G. Templeman, C.B.E. (*Chairman*)

Alderman Mrs. B. Bicknell, J.P., O.St.J. (*Vice-Chairman*)

Alderman C. M. Pardy
Alderman Mrs. M. C. Wall
Councillor G. R. Anstee, E.R.D.,
F.H.C.I., M.R.S.H.
,, F. H. Beale, M.A.
,, E. N. Day, A.L.C.M.,
A.C.P.
,, Major B. G. Dillon

Councillor M. H. Filer, A.C.A.,
A.T.I.I.
,, Mrs. P. M. Haley, S.R.N.
,, Mrs. S. E. McQueen
,, K. G. T. Rawlings
,, A. E. Ross
,, W. J. Ross
,, J. A. Selvidge
,, R. R. Taylor

PUBLIC HEALTH DEPARTMENT

Medical Officer of Health, Principal School Medical Officer, Medical Referee to Cremation Authority

William Fielding, B.Sc., M.D., Ch.B.,
M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health, Deputy Principal School Medical Officer, Deputy Medical Referee to Cremation Authority ..

John G. Meadows, M.B., Ch.B., D.P.H.

Medical Officer in Department (Senior), School Medical Officer

Pauline K. H. Keating, L.R.C.S.(I).
L.R.C.P.(I), L.M., D.C.H.

Medical Officers in Department, School Medical Officers

J. J. Phillips, M.B., Ch.B.
Annette S. Raikes, L.R.C.P., M.R.C.S.

Principal Dental Officer

Mrs. M. B. Redfern, L.D.S.

Dental Officers

Mrs. S. M. Attwell, B.D.S., L.D.S.,
R.C.S.

F. E. Lockwood, B.D.S.

1 Vacancy

Dental Surgery Assistants

Miss H. Allen, Mrs. J. B. Bullen,
Mrs. C. A. Ferris, Miss F. R. Hickmott

Chief Public Health Inspector ..

G. A. Morgan, B.E.M., M.R.S.H.

Deputy Chief Public Health Inspector

A. R. Hutt

District Public Health Inspectors

H. R. Ambrose	J. D. Nickells
H. B. Frost	S. M. Payne
A. J. Heslop	P. H. Trepess
N. Jacobs	S. Tweedie
B. W. Kirkton	R. J. Wells
A. J. Mortimer	A. R. Woollard

Superintendent of Public Conveniences and Mortuary ..

W. C. R. Jewell

Rodent Officer	P. L. J. Sibley
Chief Nursing Officer and Non-Medical Supervisor of Midwives	Miss L. E. Roberts
Deputy Chief Nursing Officer (Health Visiting)	Miss G. F. Grace
Health Visitors	Miss K. H. Beaumont, Miss R. Bell, Miss J. Berry, Miss D. E. Blundstone, Mrs. E. R. Bond, Mrs. C. S. Brixey, Miss F. Darlington, Miss M. H. Dutton, Miss C. C. Forbes, Mrs. B. Geach, Miss A. Johnson, Miss A. D. Lane, Mrs. S. M. Money-Kyrle, Miss M. Peakman, Mrs. J. Price, Miss P. M. Rose, Miss M. Routh, Miss M. R. Y. Smith, Miss G. D. Thomas, Mrs. E. Wall, Miss E. M. P. Ward, Mrs. J. Wilkinson, 8 Vacancies.
Municipal Midwives	Mrs. E. Atha, Miss B. McBride, Miss R. Miles, Mrs. M. Plank, Miss L. J. M. Redpath, Miss E. M. Schoch.
Deputy Chief Nursing Officer (Home Nursing)	Mrs. M. T. Wright
Home Nurses	Mrs. J. F. Bilton, Mrs. D. M. Chapman, Miss D. G. Collier, Mrs. C. D. Crumpton, Miss E. P. Gilbert, Mrs. E. R. Guscott, Mrs. C. Harris, Mrs. C. A. Harris, Miss M. M. L. Hemmi, Miss B. Jackson, Miss T. M. Jones, Miss H. Kulling, Miss P. G. Lacey, Miss P. M. Lycett, Mrs. M. S. McKenney, Miss J. I. Neagle, Mrs. R. J. K. Nicholls, Miss B. M. Rendle, Mrs. F. Russell, Miss E. E. Souter, Mrs. G. Tedeschi, Miss D. Telfer, Mrs. M. M. Thornley, Miss J. K. Tolley, Miss D. E. Welch, Mrs. V. W. Winter.
Matron, Day Nursery	Miss D. M. Hine
Home Help Organiser	Mrs. R. Watts
Assistant Home Help Organisers ..	Miss I. M. Clements. 1 Vacancy.
Principal Social Worker	H. S. Lovejoy
Mental Welfare Officers/Social Workers	S. S. Horne, A. F. Pallett, Miss E. A. P. Slater, R. Smith, Miss E. V. Wheeler, Miss P. A. Willey.
Junior Training Centre	<i>Head Teacher</i> E. W. Howells <i>Assistant Supervisors</i> Mrs. E. M. Barker, Mrs. B. J. Lynch, Mrs. E. Robson, Mrs. L. R. Tarrant, Miss J. Turner, Mrs. B. M. Wall.

Adult Training Centre	<i>Manager</i>	
	T. C. Burn	
	<i>Instructors</i>	
	C. R. Ashley, C. Henley, J. Malins, Mrs. G. M. Nott, S. Nott, Miss B. Usher.	
Chief Administrative Assistant ..	J. W. Roberts	
Senior Administrative Assistant ..	H. V. Humberston	
Administrative Assistants	F. J. Goode, D. W. T. Hall, C. Lockett, P. N. Loweth, Mrs. I. Murphy, S. Murphy.	
Secretary to Medical Officer of Health	Mrs. B. J. Spark	
Clerks	Mrs. S. L. Adams, Mrs. P. M. Ballard, Mrs. E. M. Barnes, H. R. Bryan, K. F. Clarke, Miss V. E. Dean, W. A. Hamer, Mrs. S. M. King, Miss S. C. Langdown, Miss M. McGovern, Mrs. I. E. J. Matthews, Mrs. M. E. Mead, J. Oddy, J. W. Peake, Mrs. P. Y. Pearce, Mrs. M. A. Reeve, R. W. Rowe, G. Spark, C. D. Watts, W. Wheeldon.	
Ambulance Officer	D. M. Cook	
Health Education Officer	C. N. Gumbley	
Chiropodist	B. S. Brodie	

PART-TIME OFFICERS

Senior Medical Officer for Mental Health	C. J. H. Williams, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.M.	
Public Analyst	H. Dediccoat, F.R.I.C.	

General Statistics

Area of the County Borough	11,627 acres
Estimated Civilian Population—Mid Year 1970	147,540
Census Population, 1961	154,296
Rateable Value at 1.4.70	£10,694,873
Product of 1d. rate, 1970/71	£44,513

Vital Statistics

Live Births	{ Male Legitimate 677, Illegitimate 127 }	..	..	1569
	{ Female ,, 664, ,, 101 }			
	,, 85% ,, 15%			
Birth rate (per 1,000 population)	.. .. ..	..	..	10.63
Stillbirths	{ Male Legitimate 5, Illegitimate 2 }	..	..	13
	{ Female ,, 4, ,, 2 }			
Stillbirth rate (per 1,000 total live and still births)	..	..	..	8.22
Total Deaths (Males 1249, Females 1506)	..	..	..	2755
Death Rate (per 1,000 population)	..	..	..	18.68
Adjusted Death Rate (per 1,000 population)	..	..	..	11.21
Maternal Deaths	.. .. ..	..	..	Nil
Maternal Mortality Rate (per 1,000 total births)	..	..	..	Nil
Number of deaths of infants (under 1 year of age) :—				
Legitimate 33, Illegitimate 2	..	..	..	35
Infant Mortality Rate (per 1,000 live births)				
(Legitimate 24.61, Illegitimate 8.77)	..	..	..	22.31
Number of Neo-natal Deaths (under 4 weeks of age)	..	..	..	20
Neo-natal Mortality Rate (per 1,000 live births)	..	..	..	12.75
Number of Early Neo-natal Deaths (under 1 week of age)	..	..	..	17
Early Neo-natal Mortality Rate (per 1,000 live births)	..	..	..	10.83
Number of Perinatal Deaths (Stillbirths and deaths under 1 week of age)	..	..	..	30
Perinatal Mortality Rate (per 1,000 live and still births)	..	..	..	18.96

Births

The number of live births allocated to the area after adjustment for inward and outward transfers was 1,569, an increase of 19 on the total for 1969. The birth rate was 10·63 per 1,000 population, a small increase over the figure for 1969 which at 10·35 per 1,000 was the lowest ever recorded.

Births in 1970	..	..	..	..	1,569
Birth rate, 1970	..	..	..	..	10·63 per 1,000 population
Birth rate, England and Wales, 1970	..				16·0 per 1,000 population

Over the ten year period, 1960–1969, statistics were as follows :—

Average number of births, 1960–69	..			1,798
Average birth rate, 1960–69	..	..		11·98 per 1,000 population

Stillbirths

There were 13 stillbirths in 1970 compared with 25 in 1969, the majority of them occurring in hospital practice. The rate for 1970 was 8·22 compared with 15·87 for 1969.

Average number of stillbirths 1960–69	..			23
Stillbirths in 1970	..	..	..	13
Average stillbirth rate, 1960–69	..	..		12·67 per 1,000 total births
Stillbirth rate, 1970	..	..	..	8·22 per 1,000 total births
Stillbirth rate, England and Wales, 1970				13·0 per 1,000 total births

Illegitimate Births

Illegitimate births accounted for 15% of the total, the same as in 1969.

Prematurity

During the year 117 premature births (i.e. a child weighing less than 5½ lbs. at birth) were notified, 23 more than in 1969, and forming 7% of the total. All but two of the births occurred in hospital, and included 6 stillbirths.

	<i>Live</i>	<i>Stillborn</i>	<i>Total</i>
Born at home or in Nursing Homes	1	1	2
Born in Hospital	110	5	115
	111	6	117

Infant Mortality

Thirty-five infants died before their first birthday, ten more than in 1969, and the Infant Mortality Rate was 22·3 per 1,000 live births, compared with the national average of 18·0 per 1,000 live births. Seventeen of the 35 infants died before they were a week old, and a high proportion of these deaths was associated with prematurity, the cause of which is imperfectly understood.

Maternal Mortality

There was no death during the year associated with pregnancy.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING THE YEAR 1970

Causes of Death	All Ages	0—	1—	5—	15—	25—	35—	45—	55—	65—	75—
All Causes	2755	35	1	8	13	12	30	98	283	670	1605
Tuberculosis, respiratory	1	..	..	..	..	..	..	..	..	1	..
Tuberculosis, other, inc. late effects ..	2	..	..	..	..	..	..	..	..	2	..
Meningococcal Infection	1	..	..	1	..	..	..	..	..	..	..
Other infective and parasitic diseases	3	..	1	..	..	..	..	..	1	1	..
Malignant Neoplasm, Buccal cavity, etc.	7	..	..	..	..	..	..	..	..	3	4
Malignant neoplasm — Esophagus	21	..	..	..	..	..	..	1	4	6	10
Malignant neoplasm — stomach	63	..	..	..	..	..	..	3	7	17	36
Malignant neoplasm — intestine	86	..	..	..	..	1	2	5	16	23	39
Malignant neoplasm — larynx	3	..	..	..	..	..	..	1	..	1	1
Malignant neoplasm — lung, bronchus	130	..	..	..	..	..	1	5	26	55	43
Malignant neoplasm — breast	51	..	..	..	..	..	..	10	12	16	13
Malignant neoplasm — uterus	14	..	..	..	..	..	..	2	2	5	5
Malignant neoplasm — Prostate	25	..	..	..	..	..	..	..	1	4	20
Leukaemia	15	..	..	..	..	..	1	..	6	3	5
Other malignant neoplasms	152	..	..	2	1	2	3	13	29	52	50
Benign and unspecified neoplasms	5	..	..	..	..	..	..	1	1	1	2
Diabetes mellitus	16	..	..	..	..	1	..	..	2	4	9
Other endocrine, etc. diseases	1	..	..	..	1	..	..	..	..	..	..
Anemias	6	..	..	..	..	..	..	..	2	..	4
Aluminoses, etc.	1	..	..	..	..	..	..	..	..	..	1
Mental disorders	5	..	..	..	..	..	2	..	..	..	3
Multiple Sclerosis	5	..	..	..	..	..	..	1	1	2	1
Other diseases of nervous system	20	..	..	1	2	..	1	1	1	7	7
Acute rheumatic fever	1	..	..	..	..	..	..	..	..	..	1
Chronic rheumatic heart disease	27	..	..	..	1	..	1	2	4	8	11
Hypertensive disease	36	..	..	..	..	..	..	1	2	10	23
Ischaemic heart disease	725	..	..	..	..	1	6	19	74	199	426
Other forms of heart disease	143	..	..	..	..	..	..	2	10	15	116
Cerebrovascular disease	493	1	..	1	1	..	2	8	21	84	375
Other diseases of circulatory system	113	..	..	..	..	1	2	4	9	22	75
Influenza	18	..	..	..	..	..	1	..	2	7	8
Pneumonia	177	8	..	..	..	..	..	1	8	29	131
Bronchitis and emphysema	102	..	..	..	..	..	..	2	16	29	55
Asthma	7	..	..	1	..	..	..	2	1	1	2
Other diseases of respiratory system	25	..	..	..	2	..	2	..	1	5	15
Peptic ulcer	18	..	..	..	..	..	..	..	1	6	11
Appendicitis	1	..	..	..	..	..	..	..	..	1	..
Intestinal obstruction and hernia	13	1	..	..	..	..	..	..	2	2	8
Cirrhosis of liver	7	..	..	..	..	..	..	..	2	4	1
Other diseases of digestive system	41	2	..	..	..	1	..	2	4	9	23
Nephritis and nephrosis	15	..	..	..	..	..	1	1	1	8	4
Hyperplasia of prostate	4	..	..	..	..	..	..	..	..	..	4
Other diseases, genito-urinary system	23	..	..	..	..	..	1	..	..	5	17
Diseases of skin	2	..	..	..	..	..	..	..	..	..	2
Diseases of musculo-skeletal system	6	..	..	..	..	..	..	..	1	..	5
Congenital anomalies	6	5	..	..	..	..	..	..	..	1	..
Born injury, difficult labour, etc.	12	12	..	..	..	..	..	..	..	..	..
Other causes of perinatal mortality	4	4	..	..	..	..	..	..	..	..	..
Suicidal and ill-defined conditions	7	1	..	..	..	..	..	..	..	..	6
Motor vehicle accidents	23	..	..	1	3	2	1	3	4	5	4
Other accidents	50	1	..	1	2	..	2	6	4	7	27
Suicide and self-inflicted injuries	19	..	..	..	..	3	..	1	4	10	1
Other external causes	4	..	..	..	..	..	1	1	1	..	1

DEATHS FROM PRINCIPAL CAUSES 1970

There were 2,755 deaths of Bournemouth residents in 1970, 41 more than in the previous year, and the adjusted death rate rose slightly from 11.05 to 11.21 per 1,000 population. The age distribution of deaths was as follows :—

<i>Age</i>	<i>Percentage</i>	
	<i>1969</i>	<i>1970</i>
75+	55.6	58.2
65-75	25.8	24.4
55-65	11.5	10.2
45-55	3.5	3.6
35-45	1.0	1.1
25-35	0.5	0.4
15-25	0.6	0.5
5-15	0.3	0.3
0- 5	1.2	1.3

It is significant that the proportion of people aged 75 years or over at death is rising steadily. In 1960 it was below 52%, in 1965 it was nearly 54% and in 1970 it had risen to over 58%. Many of these people were undoubtedly immigrants, fit healthy people when they came to the Borough on retirement ten or more years before and yet in the evening of their lives they often pose an overwhelming problem for the social and hospital services of the town. Every year the waiting lists seem to grow longer and longer, and the case loads of social workers ever heavier and there must surely be a strong case for retirement areas such as Bournemouth receiving financial help and priority in providing hospital and hostel accommodation far in excess of that available at present.

The main causes of mortality remain unchanged :—

<i>Cause of Death</i>	<i>Number of Deaths</i>
Heart disease	895
Diseases of the arteries and circulatory system	606
Malignant disease (including leukaemia) ..	415
Diseases of the lungs (excluding tuberculosis)	329
Deaths from violence (including suicide) ..	92

There was a decline in deaths from cancer of the lung from 151 in 1969 to 130 in 1970, but this is far too high a number particularly as 32 of them were below the age of 65 years. Anti-smoking propaganda in schools is very much the concern of the Health Education Officer and after many years experience the only realistic approach to the problem seems to be to persuade

young people against starting smoking rather than try to cure the confirmed addict. Deaths from cancer of the breast also declined from 60 in 1969 to 51 in 1970, and during the same period deaths from cancer of the uterus decreased from 22 to 14, but cancer of the stomach increased from 55 to 63.

Deaths from ischaemic heart disease, mainly coronary thrombosis, occurred in 725 cases, compared with 708 in 1969, and of these 26 occurred before the age of 55 years, and 7 before the age of 45 years.

The majority of deaths, as will be evident from a perusal of the Table, occurred in elderly and aged people as a result of degenerative changes in some vital system of the body, but there is a small and possibly increasing number of deaths in quite young people, but from illnesses normally associated only with the elderly (ischaemic heart disease, cancer). In some cases this may be associated with the modern way of life, but in the majority there is no logical explanation.

Deaths broadly classified as due to "violence" increased from 83 to 92, and deaths from motor vehicle accidents increased from 20 to 23. The youngest of these was a child of school age, and 4 were below the age of 25. Suicide and self-inflicted injuries increased from 17 to 19, the biggest group (10) occurred within the age group 65–75 years, the decade immediately following retirement. It is difficult to say whether the depression and feeling of uselessness that often accompanies enforced retirement has influenced them in this extreme reaction, but it seems at least a possibility.

Notifiable Infectious Diseases, 1970

Among the notifiable diseases, there were no cases of poliomyelitis, diphtheria, typhoid or paratyphoid, erysipelas, ophthalmia neonatorum, malaria or acute encephalitis during 1970, and cases of scarlet fever declined from 18 to 10 and infective hepatitis from 9 to 7.

On the other hand notifications of food poisoning increased from 10 to 40, of scabies from 55 to 128 and of measles from 99 to 174, all compared with the previous year.

The largest group of food poisoning cases occurred in a hotel during August 1970, when 15 members of the staff and 10 guests were found to be excreting *Salmonella enteritidis* and the same organism was discovered in samples of turkey taken from the hotel. A further 5 guests were discovered to be excreting the same organism after returning to their homes in other parts of the country, and several others were suspected of being ill at the same time though no evidence of food poisoning was forthcoming. At the time of the outbreak approximately 150 persons were "at risk". With the full co-operation of the management steps were taken to prevent any spread of the infection, and positive excretors among the staff were excluded until bacteriologically cleared.

With the exception of one case of food poisoning due to *Staphylococcus aureus*, all the other notified cases were due to organisms of the salmonella group, including *S. thompson*, *S. enteritidis*, *S. typhimurium*, *S. panama* and *S. eastbourne* and were either isolated cases or small family infections.

Cases of scabies were notified from all parts of the Borough, but 66 of the cases occurred in 25 families, and 92 of the cases were in the 5-25 years age group. One of the most difficult problems was to ensure that all members of the family were treated at the same time and most cases of relapse after treatment were in fact re-infections from a member of the family who had escaped treatment.

As mentioned elsewhere in the Report there was a substantial period during 1969 when measles vaccine was unobtainable and this factor is considered to have been at least partly responsible for the increased cases during 1970 and in the early part of 1971.

CASES OF INFECTIOUS DISEASE WHICH OCCURRED DURING 1970

Notifiable Disease	Number of Cases Notified							
	At Ages — Years							
	At all ages	Under 1 year	1 and under 5 years	5 and under 15 years	15 and under 25 years	25 and under 45 years	45 and under 65 years	65 and upwards
Scarlet Fever	10	—	2	6	1	1	—	—
Whooping Cough	29	2	10	14	—	3	—	—
Acute Poliomyelitis	—	—	—	—	—	—	—	—
Measles	174	7	72	91	3	1	—	—
Diphtheria	—	—	—	—	—	—	—	—
Dysentery	5	—	2	2	—	1	—	—
Paratyphoid Fever	—	—	—	—	—	—	—	—
Typhoid Fever	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	—	—
Meningococcal Infection	1	—	1	—	—	—	—	—
Food Poisoning	40	2	2	2	6	10	12	6
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—
Scabies	128	1	8	52	40	17	8	2
Malaria	—	—	—	—	—	—	—	—
Acute Encephalitis	—	—	—	—	—	—	—	—
Infective Jaundice	7	—	—	—	3	2	2	—

Tuberculosis in Bournemouth

During the year 24 new cases of pulmonary tuberculosis and 6 cases of non-pulmonary tuberculosis were discovered and notified in the borough, and in addition 22 persons diagnosed and notified elsewhere came to live in Bournemouth.

The accompanying table of new cases and deaths during the last twenty years shows quite clearly that while deaths from pulmonary tuberculosis have been reduced dramatically as a result of improved methods of treatment, new cases continue to be discovered and it is among the middle aged groups that these most frequently occur.

The general arrangements for diagnosis, treatment and surveillance continued as before under the supervision of Dr. W. H. Tattersall, Senior Chest Physician, and one full-time Health Visitor was seconded to the Royal National Hospital for clinic and after-care duties.

Tuberculin testing by the Heaf gun method, followed by B.C.G. vaccination where necessary, continued to be available to all school children aged about 11 years, and strongly positive reactors (in the absence of previous B.C.G. vaccination) were referred to the Chest Clinic for investigation. The Health Department also collaborated with the Chest Clinic in the tracing of contacts of notified cases of tuberculosis.

Two other aspects of preventive and after-care work were the priority given by the Housing Department to cases recommended by the Senior Chest Physician and the Medical Officer of Health, and a limited amount of occupational therapy provided for house-bound (often elderly) patients. This latter is provided, on repayment, by the Bournemouth and East Dorset Hospital Management Committee.

The notifications of new cases and deaths from tuberculosis since 1948 are shown in the accompanying table :—

			New cases		Deaths	
			Respiratory	Non-Respiratory	Respiratory	Non-Respiratory
1948	..	..	118	16	67	6
1949	..	..	109	18	54	8
1950	..	..	80	11	46	1
1951	..	..	127	13	37	2
1952	..	..	141	17	33	5
1953	..	..	98	17	20	2
1954	..	..	136	16	28	—
1955	..	..	117	9	12	2
1956	..	..	107	9	14	4
1957	..	..	114	11	10	4
1958	..	..	110	10	11	1
1959	..	..	81	4	7	3
1960	..	..	66	9	5	1
1961	..	..	37	5	6	1
1962	..	..	50	4	7	2
1963	..	..	37	10	5	1
1964	..	..	40	5	12	2
1965	..	..	34	7	3	—
1966	..	..	40	6	7	3
1967	..	..	38	5	5	1
1968	..	..	36	6	3	2
1969	..	..	30	2	1	1
1970	..	..	24	6	1	2

Of the 6 cases of non-pulmonary tuberculosis 3 occurred in glands, 2 occurred in kidneys the remaining case being in the right foot.

Particulars of new cases of Tuberculosis notified, and deaths from the disease of Bournemouth residents.

		New Cases				Deaths			
		Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
		M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year	..	—	—	—	—	—	—	—	—
1-4 years	..	—	1	—	—	—	—	—	—
5-14 „	..	—	—	—	—	—	—	—	—
15-24 „	..	1	1	—	—	—	—	—	—
25-44 „	..	3	4	1	—	—	—	—	—
45-64 „	..	9	1	2	—	—	—	—	—
65-74 „	..	—	1	—	—	—	1	—	2
75 and upwards	..	3	—	1	2	—	—	—	—
Totals	..	16	8	4	2	—	1	—	2

At a later stage in the report, reference has been made to the prevention of tuberculosis under Section 28 of the National Health Service Act. 1,346 children attending the local education authority's schools were Heaf tested of whom 1,218 received B.C.G. vaccination, and a further 35 children were vaccinated as contacts.

SECTION 172 OF THE PUBLIC HEALTH ACT, 1936

This section of the Act deals with the removal to hospital of infectious persons suffering from tuberculosis of the respiratory tract. No action was taken during the year.

Maternity and Child Health

At the end of 1970 there were 14 Infant Welfare Centres in the Borough providing 24 sessions weekly. Developmental Assessment sessions, which were introduced on an experimental basis in September, 1969 were extended to all Centres by June, 1970, and there is now a combination of Developmental Assessment and "open" sessions. The former sessions are all conducted by doctors on an appointments system and embrace a complete physical, mental and emotional screening of a child at regular intervals, while some "open" sessions are conducted by health visitors as general advisory sessions, others by doctors for vaccination and immunisation purposes in addition to the giving of general advice. Owing to the facilities and equipment required, developmental assessment sessions are only held in the 8 Clinics owned by the local authority.

The public response to the idea of developmental assessment has been extremely good, though not uniformly so, and at West Howe it has been disappointing. Most mothers have welcomed the careful and exhaustive examination of their children within the unhurried atmosphere of an appointments system and the reassurance this gives. Many minor and some more serious defects have been brought to light that might have been missed in a busy open session, and there has been close co-operation with family doctors and the consultant paediatrician at Poole General Hospital. An interesting account of the first months of developmental assessment by Dr. J. G. Meadows, Deputy Medical Officer of Health and Dr. P. K. H. Keating, Senior Assistant Medical Officer of Health, was published in "The Medical Officer" on 13th November, 1970.

Welfare Foods

The sale of welfare foods, which was transferred to local authorities from the Ministry of Food in 1954, has continued at all infant welfare centres. The demand for National Dried Milk declined considerably and it represents less than 2½% of the sales in 1955. The reason is undoubtedly the preference most mothers show for the branded article, and although the cost may be a little more, a very wide selection now exists from which to choose.

	1964	1965	1966	1967	1968	1969	1970
National Dried Milk (tins)	9,865	10,476	10,165	8,589	3,178	2,214	1,039
Cod Liver Oil (bottles)	2,056	2,177	2,087	1,744	1,608	1,544	1,598
Vitamin A and D Tablets (packets) ..	2,792	2,543	2,285	2,244	2,085	2,040	2,188
Orange Juice (bottles)	28,744	31,266	32,275	30,215	29,928	32,520	30,683

BIRTHS OCCURRING IN BOURNEMOUTH, 1970

	1964		1965		1966		1967		1968		1969		1970	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Domiciliary Births	348	12.1	290	10.1	239	8.4	189	6.9	151	5.5	119	4.7	99	4.1
Institutional Births	2523	87.9	2576	89.9	2605	91.6	2554	93.1	2586	94.5	2411	95.3	2343	95.9
Totals	2871	100	2866	100	2844	100	2743	100	2737	100	2530	100	2442	100

During 1970 the following births were notified as occurring in the Borough :—

Domiciliary births	99 (119)	
Institutional births	2343 (2411)	
Royal Victoria Hospital		1350 (1312)
Aston Grays Maternity Home		211 (240)
Firs Maternity Home		782 (850)
Free Church Council Maternity Home		— (9)
		<u>2343 (2411)</u>

TOTAL 2442 (2530)

Figures in brackets indicate comparative numbers for 1969.

This total is therefore 88 less than in 1969. The institutional births decreased by 68 and the domiciliary births declined by 20 to what is the lowest number recorded in Bournemouth. The wide availability of maternity beds in the local hospitals and general practitioner maternity homes is largely responsible for this trend, but as in many cases the mothers are discharged soon after confinement, a period of domiciliary maternity nursing is necessary afterwards.

In addition, 6 Bournemouth patients were delivered in the Hospital Management Committee's maternity home at Barton-on-Sea, 152 at Poole General Hospital, and 9 at other hospitals.

Infectious Diseases associated with Childbirth

There was no case of ophthalmia neonatorum during the year.

Nurseries and Child Minders Regulation Act, 1948 as amended by the Health Services and Public Health Act, 1968

The rapid expansion of the "child minder" and "play group" movement continued into 1970, and at the end of the year 40 such premises were registered by the local authority, providing 756 places compared with 602 places a year earlier. The majority of these groups operated from private houses or church halls, and varied in size from one to fifty or more children, between the ages of 2-5 years. All such groups were in the charge of a responsible and in many cases a professionally qualified person and the conditions of registration included a limitation on numbers and certain basic requirements regarding facilities and fire precautions.

The supervision of these groups was undertaken by Miss G. F. Grace, Deputy Chief Nursing Officer.

Family Planning

The Family Planning Association held 3 Clinic sessions per week at Gloucester Road Hospital, and one session per week at Pelhams Clinic, in local authority premises.

The general arrangements for Family Planning remained unchanged in that the local authority used the Family Planning Association as their agent for cases referred on medical grounds, and at the same time maintained their own domiciliary service among "problem" and kindred families, details of which are as follows :—

Number of patients visited during 1970	..	..	..	89
Number of visits made	..	..	..	144
Number of patients recommended for I.U.D.	..	..	..	21
Number of patients recommended for sterilisation	..	..	..	5
Number of patients recommended for oral contraception	..	..	..	25
Number of patients recommended for other forms of contraception	..	..	..	8

Mother and Baby Homes

A financial grant was continued by the local authority to the St. Thomas' Lodge mother and baby home maintained by a voluntary organisation within the Borough. Five local girls were admitted, four as maternity cases, the other as a shelter case.

In addition, one Bournemouth girl was provided with accommodation outside the Borough at the expense of the local authority compared with two in 1969, and although the illegitimacy rate in the Borough is regrettably high, less than 1% of such expectant mothers appealed to the local authority for financial help during 1970.

Day Nursery

The Corporation Day Nursery at 79 Lansdowne Road had an average daily attendance of 38 compared with 33 in 1969. Throughout the year admissions were limited broadly to the "priority" groups which mainly consisted of the children of unmarried mothers or children with only one parent, but also included a few medical or social emergencies.

The separation of the children into a "Babies" section and a number of "Family Groups" among the older children has continued successfully and there has only been a little minor sickness during the year.

All children received regular visits from the local authority's doctors and dentists and received vaccinations and immunisations appropriate to their age.

An Enquiry into Congenital Abnormalities

For some years the Department of Health has asked local authorities to enumerate and codify all congenital abnormalities occurring in newborn babies, and during 1970 there were 30 cases so recorded. These ranged from minor abnormalities of the hands and feet to serious defects such as heart disease, but at this early stage it is often impossible to say with any certainty whether a child is of normal intelligence, or what effect the abnormality will have on its subsequent progress.

Dental Services for Mothers and Pre-School Children, 1970

Report by Mrs. M. B. Redfern, L.D.S., Principal Dental Officer

There were fewer staff changes in the dental service during 1970, and with three full-time officers and two part-time officers a fully-staffed service operated for the greater part of the year. The number of pre-school children attending for treatment showed a slight increase during the year although the number of treatment sessions dropped by 24. There was an increase in the number of fillings, extractions and general anaesthetics but the number of emergencies declined slightly. Due to the pressure of work the number of children recalled for examination and treatment remained regrettably low, particularly in view of the rapid rate of caries in this age group.

Steps have been taken to initiate a Third Birthday Inspection and it is expected that the computer will begin to operate the scheme early in 1971. It will only be possible to offer treatment facilities to a very limited number of three-year olds who accept the invitation to attend for examination, but it is hoped that the parents will be encouraged to start a habit of regular visits well before the child goes to school.

Due to the changing rôle of the Infant Welfare Clinics there was a reduction in the number of visits by dental officers to these clinics, and it is anticipated that these visits will decline still further, although they have played a very useful rôle not only in inspecting the teeth of babies and young children but in counselling the mothers on the hazards of incorrect feeding habits.

During 1970 the Social Services Committee allotted a sum of money for the distribution of fluoride tablets to children under five years old, in order to try to compensate for the absence of fluoride in Bournemouth's domestic water supply. Considerable delay in delivery of the tablets was experienced and they will not be ready for distribution until 1971. It is planned that the tablets will be available, on demand and free of charge, at the Infant Welfare Clinics.

The Day and Residential Nurseries were visited twice during the year. At the Day Nursery a total of 63 inspections was carried out and 16 children referred for treatment. At the Residential

Nursery a total of 29 children was inspected and 5 referred for treatment. Nearly all these children attended for treatment at Avebury Clinic. The standard of oral hygiene is very high in these children due to a carefully controlled diet whilst in the care of the nursery staffs, and the keen interest taken in the care of the children's teeth.

Expectant and nursing mothers

There was a slight increase in the number of mothers seen, but mostly these were unmarried mothers from St. Thomas' Lodge. There was an increase in teeth extracted but the days of multiple extractions for this category of patient have long gone and most patients who attend for treatment have well-cared for mouths.

Dental Health

Talks accompanied by films were given at Relaxation and Mothercraft Classes at Avebury, East Way and Pokesdown Clinics. Unfortunately it has not been possible to cover all groups in this way, but I am grateful to the Health Visitors in the different clinics for the co-operation and interest they take in this aspect of preventive dentistry.

Finally I am grateful to all members of the medical and dental staff, the Health Education Officer and the Health Visitors, also the clerical staff for their unfailing help and co-operation.

Dental Services for Expectant and Nursing Mothers and Children under 5 years

	<i>Children 0-4 (incl.)</i>	<i>Expectant and Nursing Mothers</i>
Attendances and Treatment		
First visits	199	27
Subsequent visits	247	39
Total visits	446	66
Number of additional courses of treatment other than the first course commenced during year ..	39	1
Number of fillings	395	59
Teeth filled	375	54
Teeth extracted	73	13
General anaesthetics given	35	2
Emergency visits by patients	16	7
Patients X-rayed	2	3
Patients treated by scaling and/or removal of stains from the teeth (prophylaxis)	5	5
Teeth otherwise conserved	110	1
Number of courses of treatment completed during the year	215	21
Patients supplied with full upper or full lower dentures (first time)	—	
Patients supplied with other dentures	1	
Number of dentures supplied	1	
General anaesthetics administered by Dental Officers	1	
Inspections		
Number of patients given first inspections during the year	717	20
Number of patients who required treatment ..	203	16
Number of patients who were offered treatment ..	183	16
Sessions		
Number of Dental Officer sessions devoted to Maternity and Child Welfare patients		107

The Domiciliary Services provided by the Corporation

Domiciliary Midwifery Service

Six full-time midwives were directly employed by the Council and attended 95 home confinements, in addition to nursing 726 "early discharges", patients who had been confined in hospital but discharged before the normal time.

The numbers of home confinements have gradually declined during the last ten years and while a certain number of women will always refuse to have their babies in hospital for a variety of reasons, the consensus of medical opinion suggests that hospital confinement is much safer, even though the mother is discharged home within a few hours of delivery.

Home confinements during the last eleven years were as follows:—

1960	..	..	..	609
1961	..	..	..	595
1962	..	..	..	498
1963	..	..	..	357
1964	..	..	..	347
1965	..	..	..	281
1966	..	..	..	236
1967	..	..	..	189
1968	..	..	..	151
1969	..	..	..	119
1970	..	..	..	95

At the present time the majority of expectant mothers are confined either in the maternity units at the Royal Victoria or Poole General Hospital, or in the General Practitioner Units at "The Firs" or Aston Grays. Plans are, however, well advanced for a short-stay General Practitioner Unit to be formed within the Royal Victoria Hospital, where all deliveries will be undertaken by domiciliary midwives, and the unit will be available in 1971.

Details of domiciliary confinements attended were :—

Total No. of confine- ments	Primi- para	Multi- para	NO. OF PREVIOUS PREGNANCIES						
			1	2	3	4	5	6	7
95	5	90	28	27	27	5	1	—	2

AGE GROUPS					
15-20	20-25	25-30	30-35	35-40	40-45
2	29	36	23	5	—

Gas and oxygen analgesia was given in 91 cases and pethidine in 83 cases.

MATERNITY CASES ATTENDED

	Number of Deliveries attended by Midwives in the area during 1970			
	Domiciliary Cases			Cases in Institu- tions
	Dr. not Booked	Dr. Booked	Totals	
(i) Midwives employed by the Authority	—	95	95	—
(ii) Midwives employed by Volun- tary Organisations :—				
(a) Under arrangements with the L.H.A. in pursuance of Section 23 of the National Health Service Act	—	—	—	—
(b) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	—	—	—	—
(iii) Midwives employed by Hospital Management Com- mittees or Boards of Gover- nors under the National Health Service Act	—	—	—	2343
(iv) Midwives in Private Practice (including Midwives employed in Nursing Homes)	—	—	—	—
TOTALS	—	95	95	2343

MEDICAL AID UNDER SECTION 14 (1) OF THE MIDWIVES ACT, 1951

Number of cases in which medical aid was summoned during the year under section 14 (1) of the Midwives Act, 1951, by a Midwife :—

(a) For Domiciliary cases :—									
(i) Where the Medical Practitioner had arranged to provide the patient with maternity medical services under the National Health Service									
									89
(ii) Others									
									—
Total	..	..	..	..	..	..	..	..	89
(b) For cases in Institutions									
									4

Health Visiting

At the end of 1970 the health visiting establishment consisted of a Deputy Chief Nursing Officer and 30 health visitors, under the overall control of the Chief Nursing Officer. The number in post was substantially below establishment and at the present time, with all the uncertainties regarding the future of the local authority's health services, it seems quite impossible to more than maintain the status quo, in spite of all our efforts. The Government should realise, if it does not do so already, that its preoccupation with the curative services is doing irreparable damage to the preventive services on whose continuance so much depends.

Liaison Arrangements

(a) with General Practitioners

During the year the number of general practitioner attachments continued at four, and even this level was only maintained with difficulty, as replacements had to be found to cover resignations. Quite apart from the fact that the total number of health visitors did not allow of any further attachments, the essence of the scheme is that both parties should work together in perfect harmony and this calls for not a little skill in psychological matching.

The four attachments were in :—

(1)	Moordown/Castle Lane	..	..	(3 doctors)
(2)	Charminster ..	..	..	(4 doctors)
(3)	Southbourne	..	..	(5 doctors)
(4)	Westbourne ..	..	..	(5 doctors)

(b) with the Hospital Service

Liaison arrangements continued with hospitals of the Bournemouth and East Dorset Hospital Management Committee. One Health Visitor was permanently attached to the Chest Clinic, and there was close liaison by the two geriatric health visitors with Christchurch Hospital, and by a special health visitor with the Paediatric Unit at Poole General Hospital.

An arrangement whereby a health visitor helps with contact tracing and defaulters from the V.D. Clinic at the Royal Victoria Hospital will soon end when the V.D. Services are centralised at Gloucester Road Hospital and a Social Worker is appointed for the purpose.

Parents Meetings

Parentcraft Classes previously held have now been replaced by Parents meetings at which both parents attend. 18 such meetings were held at which 557 parents attended.

Child care courses continued in the schools during the year.

Relaxation Classes

Classes for expectant mothers were held at Avebury, Pelhams, East Howe, Winton, Pokesdown and East Way. There were in all, 52 courses of 10 lecture/demonstrations each, attended by 524 expectant mothers.

Visits to the Elderly and Aged

During 1970 a total of 2,635 elderly and aged persons received 5,752 visits, and 591 of these were seen at the request of the Hospital Management Committee regarding their application to be admitted to a chronic sick bed in hospital. Admissions to geriatric units have continued to be extremely difficult, and despite all efforts by the Consultant Geriatric Physicians to establish a priority waiting list based on both medical and social needs, delays in admission have been frequent.

The two specialist geriatric health visitors concentrated their attention on the most vulnerable groups, those living alone and

those awaiting admission to hospital, and these visits were frequently laborious and time consuming. Access to the old person was often difficult, particularly in those cases where mental problems were added to those of senility and frequently a decision had to be made whether in the best interests not only of the old persons, but also of their neighbours compulsory removal to a hospital or an old persons' home should be considered.

In all appropriate cases additional help was provided where possible; home nursing, home help, meals on wheels, chiropody, sheet service, or the public health inspector's advice sought on sanitary problems.

Close co-operation has been maintained with the Welfare Services Department and the many statutory and voluntary organisations working among the elderly and the aged.

Year	Expectant Mothers		Children under 1 year of age		Children between the ages of 1 & 5	Other Cases Total Visits	Visits to TB house-holds inc. in "Other Cases"	Visits by tuber-culosis visitors	Ineffective Visits made by H.Vs.
	Visits		Visits						
	First	Total	First	Total					
1954	1,100	1,991	1,592	9,080	11,460	1,869	190	1,607	—
1955	1,047	1,972	1,496	9,001	11,712	1,881	207	1,525	—
1956	1,117	2,166	1,483	8,615	12,136	2,705	279	1,297	3,986
1957	1,162	2,122	1,513	8,247	11,920	4,362	230	1,562	4,532
1958	1,156	1,963	1,645	8,007	11,349	4,494	221	1,532	4,488
1959	1,130	2,076	1,609	7,653	10,354	4,384	184	1,791	4,106
1960	1,114	2,070	1,609	6,823	8,307	5,635	124	1,877	3,590
1961	1,260	2,450	1,688	8,788	12,870	6,221	119	1,953	4,701
1962	1,132	2,136	1,861	8,674	11,242	6,081	179	2,026	4,701
1963	1,131	1,956	1,849	9,631	12,139	7,062	84	1,712	6,072
1964	1,156	1,840	1,934	8,428	10,150	6,312	40	1,361	5,981
1965	936	1,350	2,014	7,688	9,314	5,424	20	1,758	5,874
1966	888	1,296	1,910	8,375	10,568	7,203	17	1,545	6,827
1967	853	1,191	1,853	7,408	10,250	7,016	29	914	6,524
1968	765	1,103	1,799	7,222	10,173	8,024	14	1,168	6,878
1969	708	1,071	1,710	6,887	9,671	7,054	5	1,097	6,503
1970	715	993	1,612	6,602	8,419	7,189	5	925	6,624

Special Services for Elderly and Handicapped Persons

(a) Laundry Service

The laundry service provided drawsheets, mackintosh sheets, air rings and covers to 336 cases compared with 299 cases in 1969 and 298 cases in 1968, mainly persons suffering from double incontinence and on the waiting list for Christchurch Hospital. These articles were delivered to the homes of the patients three times per week, and the dirty linen collected and laundered at Christchurch Hospital.

(b) Chiropody Service

The chiropody service is available to old people, disabled persons and expectant mothers who are unable to make private arrangements.

A charge of 15p per attendance at the chiropody clinic is made to all patients except those in receipt of supplementary benefit from the Ministry of Social Security, who continued to receive free treatment.

The establishment is for 3 Chiropodists, and during the year this was made up of both full-time and sessional appointments.

CHIROPODY CLINIC, 1970

Number of persons treated	1,625
Number of treatments given	8,067

(c) Problem Families

The arrangements for helping problem families continued as before, and regular monthly meetings of the Family Case Committee allowed full discussion of current problems and the diversion of assistance and enquiry into the most appropriate channels.

The results of work with problem families are almost invariably disappointing to those who expect substantial improvements. Success is more often measured by the maintenance of the status quo.

HEALTH EDUCATION SERVICE

**Report by C. N. Gumbley, S.R.N., R.M.N., R.N.T., B.T.A., M.I.H.E.
Health Education Officer**

The Health Education Service was established in Bournemouth in November 1965 to initiate and co-ordinate health educational

activities. Since then, the Service has made contact with all schools in the Borough and with many professional and lay organisations, and over 5,000 talks, demonstrations and filmshows have been presented on a wide range of health topics.

Each year, as the result of the enthusiastic support given to health education by all sections of the Health Department, the number of talks and filmshows presented has increased. Statistics reveal that 1970 was a particularly active year :—

1966	505
1967	802
1968	1,127
1969	1,154
1970	1,477

Clinics

Health visitors continued both formal and informal health education in clinics during 1970 and a total of 199 talks and filmshows were presented.

Parentcraft classes — nine courses in all — were conducted for groups of expectant mothers and fathers at Winton and Avebury clinics, and Relaxation classes were held throughout the year in five clinics. The childbirth film, “To Janet A Son”, was given ten screenings.

Schools

686 talks and filmshows were presented in schools during 1970 — a marked increase over 1969 (557), 1968 (575) and 1967 (577).

Eight health education programmes were conducted during the year :—

- Antismoking (January and July).
- Home Safety (February).
- Emergency Resuscitation (March).
- Water Safety (June and July).
- Cancer Education (October).
- Fire Safety (October and November).
- Dental Health (November).
- Road Safety (December).

Courses in Sex Education, First Aid and Child Care were continued throughout the year.

The BBC television programmes on Sex Education stimulated an increase in the number of sex education talks and filmshows presented to Parents' Associations and in schools. The Home Safety programme presented in February was a new venture, favourably received in many junior schools. First Aid courses were undertaken in three senior schools, at the Technical College, to teachers and to school auxiliaries. The Cancer Education programme, undertaken with the Health Education Council's mobile exhibition unit, was successfully introduced into three senior schools.

The most popular health education subjects in schools, in terms of the number of talks and filmshows presented were :—

Sex education	120	Water safety	83
Home safety	95	Fire safety	64
First aid	91		

Cancer Education

In the second week of October 1970, the Health Education Council's mobile exhibition unit visited Bournemouth. Its theme was Cancer Education, a subject not previously included in health education programmes.

During the week, the unit — manned by local health educational staff — visited a health clinic, a community centre and three senior schools. Visitors to the unit heard talks, were shown display panels, viewed slides, watched a short television film and completed a quiz paper on all aspects of cancer.

The quiz paper stimulated an active interest in the educational programme and analysis of the results revealed areas where knowledge of the subject was lacking, where it could be improved and where there was resistance to education.

Dental Health Education

The total number of talks and filmshows on dental health decreased from 169 in 1969 to 136 in 1970. This did not indicate any failing interest in dental health education but was due mainly

to the fact that the majority of schools had already received dental health programmes during the previous two years.

During 1970, dental health programmes were presented in 11 junior schools, 12 first schools, 11 pre-school playgroups; in a number of senior schools, at relaxation and parentcraft classes, at two parents' meetings and at two staff meetings.

Miscellaneous Professional and Lay Groups

Once again during 1970, several hundred circulars were sent out offering speakers on a wide range of health topics. This resulted in a further increase in the number of talks and filmshows presented to the many miscellaneous professional and lay groups in the Borough. Many new groups were contacted during the year and many known groups were revisited.

Individual talks and courses of health education presented to these groups during the year included :—

First aid training for Fire Service personnel, hotel management trainees and hotel receptionists.

Emergency Resuscitation training for dental officers and electricians.

Child Development programmes for foster parents and play-group organisers.

Road Safety and Dental Health filmshows for pre-school children in playgroups.

Infant and Child Care training programmes for police women and cadets.

Emergency First Aid and Nursing training for W.R.V.S. personnel.

Instructors' Courses for British Red Cross Society personnel.

Food Hygiene courses for foodhandlers from shops, factories and the School Meals Service.

During the year, a total of 264 talks and 195 filmshows were presented to these miscellaneous groups.

In-Service Training

Regular monthly staff meetings continued during 1970. Lectures and filmshows were arranged on such subjects as Squints, Fluorida-

tion, Drug Dependency, Home Safety, Dental Health, Paediatric Surgery.

Study Days and training evenings were also arranged for Ambulance Service personnel.

In October, a successful Study Day was arranged on Developmental Paediatrics for health department staff from Bournemouth and neighbouring local authorities. Speakers included Professor N. Butler, Dr. L. Fisch and Dr. M. J. Hodgeson.

Accident Prevention

The total number of talks and filmshows presented on Accident Prevention (i.e. home, road, water and fire safety) during 1970 was 360 — by far the majority (262) being presented in schools.

A new school health education programme on Home Safety was introduced and many illustrated talks on this subject were presented to miscellaneous lay groups. Emphasis at these talks was placed on the prevention of poisoning accidents and during the year there was a 50% reduction in the number of children under five years of age admitted to hospital as the result of poisoning accidents. (39 in 1968 and in 1969; 20 in 1970).

The Fire Safety programme, first introduced into Junior schools in 1969, was again made available during 1970. Fourteen schools were visited and the programme was enthusiastically received by children and teachers. The fact that, for the first time no Bournemouth children received hospital treatment in 1970 as the result of firework injuries, may be some indication of the success of this programme.

With the appointment of a Borough Accident Prevention Officer, much of the health education directed towards accident prevention will be handed over to this officer. In view of the Health Department's involvement with the care of the family at home, and the research work being undertaken by health visitors into home accidents, talks and filmshows on home safety will continue to be undertaken by the Health Education Service.

Health Education Centre

In October 1970, when the Mass Radiography Unit vacated the ground floor of 42 Portchester Road, Bournemouth, the Health Education Service took it over. This immediately allowed the long-awaited physical expansion of the Service to take place and sufficient accommodation became available for the development of a Health Education Centre — one of the few such Centres in the country.

Located in the Centre are lecture/projection rooms, exhibition rooms, a photographic section, offices; stores for general equipment, audio-visual aids and publications; and a kitchen.

Accommodated in the Centre are the Health Education Officer, Ambulance Training Officer and Accident Prevention Officer.

Summary

				1970	1969	1968	1967	1966
Lectures, demonstrations, talks								
given .. .. .	..	..	..	751	449	418	207	88
Films shown .. .. .	..	..	..	726	705	709	595	417
				—————	—————	—————	—————	—————
				1477	1154	1127	802	505
				—————	—————	—————	—————	—————

Appreciation is expressed to the medical, dental, nursing, administrative and clerical staff of the Health Department, and the training staffs of other departments (Police, Fire Service, Ambulance Service) for their continued invaluable support for the development of health education during 1970.

THE HOME NURSING SERVICE

The Home Nursing Service, while nominally under the control of the Chief Nursing Officer, was organised on a day-to-day basis under Mrs. M. T. Wright, Deputy Chief Nursing Officer, who in addition to supervising general nursing care on a district basis also supervised the 6 domiciliary midwives. The whole staff consisted of 26 full-time and 2 part-time nurses, 6 midwives and 7 part-time bathing attendants.

There was once again an increase in the work carried out, 96,207 nursing visits in 1970 compared to 87,099 visits in 1969 and while there was little variation in the pattern of applications the fact that nearly 75% of cases are people of pensionable age often requiring multiple treatments makes the increased demand even more noteworthy. There were also many cases of early discharge from hospital both from the surgical and medical divisions, and these cases required both early and frequent visits.

New Cases attended during 1970

Of the 3,831 patients visited during the year, 2,830 were new cases, the majority being chronically sick patients, as follows :—

<i>Complaint</i>							<i>No. of cases</i>
Heart and Circulatory System	..	..	..	..	..	..	581
Preparation for Hospital treatment	..	..	..	..	..	..	342
Cancer	..	..	..	..	..	..	269
Diabetes	..	..	..	..	..	..	85
Tuberculosis	..	..	..	..	..	..	20
All other conditions	..	..	..	..	..	..	1,533
							<hr/> 2,830 <hr/>

The age distribution of cases treated during 1970 emphasises the nature of home nursing work in Bournemouth, as largely geriatric in nature, and there are many difficulties associated with this type of work, not least the unsuitable living conditions often found, often bed-sitting rooms in houses in multiple occupation frequently with minimal facilities. In addition, a high number of these patients live alone, often without friends or relatives to succour them, or help with heavy lifting. Not infrequently nurses buy food or do simple cooking for these lonely old people, where

there is nobody else to do it, and their work for the community far exceeds that recorded in official statistics.

The age distribution of all patients treated in 1970 was :—

		<i>Patients nursed</i>			
		<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Percentage</i>
0- 4 years	..	7	6	13	0·34
5-14 years	..	10	3	13	0·34
15-24 years	..	17	34	51	1·33
25-44 years	..	65	135	200	5·22
45-64 years	..	227	495	722	18·85
65-74 years	..	334	687	1021	26·65
75- years	..	496	1315	1811	47·27
		1156	2675	3831	100·00

For some years a routine urine test has been carried out where possible by the home nurses and twenty-two cases of previously unrecognised glycosuria were discovered among 1,554 cases tested. These patients were referred to their own doctors for further investigation.

The Nursing of Sick Children

Under one per cent. of patients nursed during 1970 were below the age of 14 years, chiefly for complications of infectious disease and minor medical and surgical conditions. Home nurses attended child patients on their own districts and no special arrangements were necessary.

The Treatment of Visitors

It is commonplace for requests to be received from other Home Nursing Services, from general practitioners and from the patients themselves, for the continuation of treatment initiated elsewhere and during 1970 157 visitors received a total of 977 treatments whilst on holiday. Many of these were diabetics requiring an early morning injection of insulin.

A summary of the year's work in comparison with previous years, was as follows :—

	1963	1964	1965	1966	1967	1968	1969	1970
Number of patients on the Register, 1st Jan.	789	844	833	893	863	933	960	1001
Number of new patients attended	<u>2655</u>	<u>2634</u>	<u>2558</u>	<u>2646</u>	<u>2679</u>	<u>2879</u>	<u>2797</u>	<u>2830</u>
Total number of patients attended ..	3444	3478	3391	3539	3542	3812	3757	3831
Number remaining on the Register on 31st December	<u>844</u>	<u>833</u>	<u>893</u>	<u>863</u>	<u>933</u>	<u>960</u>	<u>1001</u>	<u>1055</u>
Number of Patients taken off the Register	2600	2645	2498	2676	2609	2852	2756	2776
Total number of nursing visits	75,730	78,386	76,399	78,138	79,840	84,783	87,099	96,207

DOMESTIC HELP SERVICE

At the end of the year the Domestic Help Service consisted of an Organiser, one Assistant Organiser, one clerk, and 92 part-time domestic helps serving 1,404 cases and working nearly 90,000 hours.

For many years now the domestic help service has been not only completely inadequate for the demands made on it, but all attempts to increase its size have been fruitless. Finance is available, an increased establishment is available, but the competition for female labour in this area is so intense that no permanent solution of this problem has been found. Of necessity the number of cases served has had to be pegged or even reduced according to the numbers of helps available, and all new cases accepted have had to be rigorously assessed on the basis of need.

The community owes a great debt of gratitude to these women who have worked so hard under what are often most unpleasant and unrewarding conditions and to their hard working organiser, Mrs. Watts.

SUMMARY OF CASES HELPED

<i>Type of Case</i>	<i>Number</i>	<i>Hours spent</i>	<i>Percentage of Total Hours</i>	<i>Average hours per case</i>
Old age	1,198	73,856	83.4	61.6
Illness	158	13,059	14.7	82.7
Tuberculosis	6	262	0.3	43.7
Confinements	19	153	0.2	8.1
Mental Deficiency	12	686	0.8	57.2
Maternity and Child Welfare	11	523	0.6	47.5
TOTALS	1,404	88,539	100.0	63.1

Ambulance Service

During 1970 a Training Officer was added to the establishment bringing the total strength of the service to 47, as follows :—

- 1 Ambulance Officer
- 4 Control Officers
- 1 Training Officer
- 35 Driver Attendants
- 2 Vehicle Maintenance Assistants
- 1 Clerk
- 2 Telephonists (part-time)
- 1 Cleaner

All driver/attendant staff with less than five years service have attended the approved training school organised by Hampshire County Council at Bishop's Waltham, and revision courses for those with more than five years service are commencing. During the year 9 drivers attended the normal course and one control officer attended the Officer Training Course and all were successful. The Training Officer not only assisted on the course at Bishop's Waltham but organised local classes at the Depot together with the Ambulance Officer and in this way a high standard of preparedness of both personnel and equipment has been maintained. Towards the end of 1970 preliminary discussions took place with the Medical Commission on Accident Prevention regarding the advanced training of selected personnel in hospitals, and at the time of writing the first two driver/attendants have begun a one month course at the Royal Victoria and Poole General Hospitals. The immediate object of this training is to provide advanced and sophisticated life saving services during the period of transfer of a seriously ill patient to hospital, bearing in mind that the centralisation of facilities in district and specialist hospitals is likely in future to involve longer ambulance journeys in many cases.

The local authority fleet consisted of 14 stretcher carrying ambulances, one of which was used mainly for fast emergency journeys over long distances, while three others were fitted with hydraulic tail lifts and used mainly for wheel chair and sitting cases, and also for taking trainees to the Turner Centre. The Hospital Car Service, which continued to be administered from

the Ambulance Depot, had a regular panel of drivers averaging about 12-14 in number, and was mainly employed in routine hospital out-patient work.

It cannot be emphasised too strongly what a very fine spirit now pervades the Ambulance Service, and how much Mr. D. M. Cook, the Ambulance Officer, has done to build up both morale and efficiency. For some years past a crew has regularly been entered in the National Ambulance Competition and performed with great credit in opposition to crews from much larger authorities.

**TABLE SHOWING PATIENTS CARRIED AND MILEAGES
COVERED BY AMBULANCE SERVICE SINCE 1950**

Year	Local Authority		St. John Association		Hospital Car Service		Total	
	Patients	Mileage	Patients	Mileage	Patients	Mileage	Patients	Mileage
1951	12,335	103,192	2,973	25,401	13,132	82,467	28,440	211,060
1952	15,340	110,424	3,160	21,391	15,639	71,425	34,139	203,240
1953	18,782	127,334	2,159	13,619	17,446	73,258	38,387	214,211
1954	20,683	127,975	268	1,228	17,353	71,456	38,304	200,659
1955	23,104	142,991	163	1,131	18,241	69,740	41,508	213,862
1956	27,409	148,584	271	1,430	18,006	72,625	45,686	222,639
1957	30,736	159,511	427	1,487	17,257	70,866	48,420	231,864
1958	31,037	157,235	557	1,264	18,441	82,911	50,035	241,410
1959	35,030	170,938	572	1,777	19,494	89,526	55,096	262,241
1960	35,275	171,315	3,808	13,295	20,385	96,220	59,468	280,830
1961	36,196	173,192	4,639	15,856	21,686	109,518	62,521	298,566
1962	35,912	176,452	4,792	15,798	20,589	112,442	61,293	304,692
1963	36,266	169,053	3,484	9,917	18,902	102,075	58,652	281,045
1964	42,750	183,068	—	—	22,077	120,188	64,827	303,256
1965	43,765	183,547	—	—	17,317	95,218	61,082	278,765
1966	42,224	189,793	—	—	19,904	98,467	62,128	288,260
1967	40,172	226,266	—	—	25,316	111,884	65,488	338,150
1968	40,158	226,033	—	—	32,360	137,688	72,518	363,721
1969	39,406	226,260	—	—	31,404	145,990	70,810	372,250
1970	38,236	215,766	—	—	33,499	150,845	71,735	366,611

Year	<i>Average miles covered per patient carried</i>			
	<i>Local Authority</i>	<i>St. John Association</i>	<i>Hospital Car Service</i>	<i>Total all Services</i>
1951	8.36	8.53	6.27	7.42
1952	7.19	6.76	4.56	5.95
1953	6.78	6.30	4.19	5.58
1954	6.18	4.58	4.11	5.23
1955	6.18	6.94	3.82	5.15
1956	5.42	5.28	4.03	4.87
1957	5.19	3.48	4.11	4.79
1958	5.07	2.27	4.50	4.82
1959	4.88	3.11	4.59	4.76
1960	4.85	3.49	4.72	4.72
1961	4.78	3.42	5.05	4.78
1962	4.91	3.30	5.46	4.97
1963	4.66	2.85	5.40	4.79
1964	4.28	—	5.44	4.68
1965	4.19	—	5.50	4.56
1966	4.49	—	4.95	4.64
1967	5.63	—	4.42	5.16
1968	5.63	—	4.25	5.02
1969	5.74	—	4.65	5.26
1970	5.64	—	4.50	5.11

THE WORK DONE BY THE SERVICE DURING 1970 IS SHOWN IN THE FOLLOWING TABLE

Service	Vehicles (Number at 31.12.70)	Patients Carried		Abortive and Service Journeys	Total Mileages	Transport by Rail	
		Accident or Emergency	Other			No.	Rail Miles
Directly provided	Ambulances (10)	3,494	23,349	1,416	165,072	43	5,805
	Dual purpose (4)	20	11,373	449	50,694	121	14,377
Hospital Car Service	Cars 13	—	33,499	1,086	150,845	—	—
	All Vehicles 27	3,514	68,221	2,951	366,611	164	20,182

Vaccination and Immunisation

During the autumn of 1970 a vaccine against rubella (German measles) became available to local authorities through the Department of Health, but as initially supplies were restricted, its use was limited to girls aged 13 years. Eventually the programme will be extended to include all girls aged between 11–14 years, and add one more disease against which protection is available, in addition to those in the existing schedule, i.e. smallpox, diphtheria, whooping cough, tetanus, poliomyelitis, measles and tuberculosis.

Vaccination and immunisation is entirely voluntary and though every opportunity is taken to stress the advantages of protection, some parents refuse to accept the full programme for their children, often agreeing only a partial programme and leaving them unprotected against some serious illness. This waywardness does, however, explain why the numbers of children protected against one disease does not necessarily tally with the numbers protected against another.

Vaccination against Smallpox

2,944 children under the age of 16 years were vaccinated against smallpox (914 infants under 2 years), 1,196 being carried out by general practitioners, the remainder by the local authority.

Immunisation against Diphtheria

A total of 2,991 children received protection against either diphtheria alone, or against diphtheria, whooping cough and tetanus by means of a combined antigen. Of these 1,594 were immunised by general practitioners.

Vaccination against Poliomyelitis

1,360 children completed a course of vaccination and 2,043 others received booster doses. Of these 1,861 were carried out by general practitioners.

Vaccination against Measles

2,124 children were protected against measles, 1,174 by general practitioners.

Vaccination against German measles

Since October, 1970, 450 girls aged 13 years were protected against German measles, about 93% by the local authority.

Other forms of Vaccination

The authority continued as an approved centre for vaccination against Yellow Fever for those travelling through parts of tropical Africa and South America, and 841 persons were vaccinated during the year, a charge being made in each case.

Prevention of Illness—Care and After Care

Arrangements in force during the year included

(1) Tuberculosis

(a) The seconding of a health visitor for full-time duty at the Chest Clinic and in domiciliary visiting of tuberculous patients.

(b) Boarding out of child contacts.

(c) Assistance in rehousing tuberculous patients by recommendation to the Housing Committee. During the year 1 case was rehoused.

(d) Provision of nursing requisites.

(e) Provision of domestic help, 6 patients receiving 262 hours service.

(f) A grant to the Bournemouth Voluntary Tuberculosis Care Committee in respect of their work in providing cash payments, extra nourishment, bedding, coal and other items for tuberculous patients and their families.

(g) Occupational therapy for domiciliary patients, 25 cases receiving 255 visits during the year.

(2) Venereal Diseases

A health visitor assists at the special clinic at the Royal Victoria Hospital.

(3) Illness generally

Provision was made at rest homes for the convalescence of patients recommended by general practitioners or hospital consultants. During the year 9 persons received recuperative holidays compared with 11 in 1969. The cost to the patient was based on income, but the majority of beneficiaries under the scheme paid little if anything. All patients who had been away in rest homes were visited on their return home by a health visitor, and almost invariably had benefited considerably in health.

Articles of sick room equipment were issued on loan as required at the request of general practitioners or hospitals. 547 issues were made during the year, those in most frequent demand being

mackintosh sheets, (47), bed pans (58), commodes (109), wheel chairs (81), urinals (33), bed rings (17), walking aids (62), bed rests (35), ripple beds (35).

(4) Cervical Cytology Clinic

During the year 998 women made 1,050 attendances to have cervical smears taken for examination for evidence of cancer. This included 210 who attended in previous years and were recalled either to ensure that some minor disorder had been corrected or because of unsatisfactory smears on their first visit. Fifty-two women attended twice during the year 1970 for this reason.

For most of the year, two sessions were held each week, one at the central clinic at Avebury the other at Pelhams Clinic, Millhams Road.

Three cases of cancer of the cervix were discovered and 18 other patients referred to their own doctors for further examination or investigation or because of minor disorders.

The women attending the clinics were also offered a simple test for the discovery of sugar or protein in the urine, and 4 were referred to their general medical practitioners as a result of this.

Mental Health Service

It seems a far cry to the Appointed Day in 1948, when the community mental health services became the responsibility of the Local Health Authority, and through them of the Health Department. Now, 23 years later, they are to be transferred to the Social Services and Education Departments, and it seems appropriate to look back over those years and record in brief detail what has, by any standards, been very substantial progress.

In 1948 the care of persons suffering from mental illness was still partly regulated by legislation dating from the 19th century, which attempted to safeguard society and the mentally ill person from the latter's irresponsibility. Under the Lunacy Act, 1890, only certified patients could be admitted to mental hospitals and it was not until 1930 that the Mental Treatment Act provided for the admission of voluntary and temporary patients. "Mental Defectives" were dealt with under the Mental Deficiency Acts 1913-38, and only when the Mental Health Act, 1959, came into operation did the certification of mental disorder become an entirely medical function, without the involvement of a lay magistrate.

Mentally ill patients in Bournemouth in 1948 were admitted to either Herrison Hospital or Park Prewett Hospital depending on whether they lived to the west or to the east of Wimborne Road, while "mental defectives" were admitted to Tatchbury Mount or Coldeast Hospitals.

Arrangements for the admission of patients to hospital which had previously been undertaken by the Relieving Officers of the Public Assistance Committee, were now undertaken by Duly Authorised Officers, who in this case were three clerks in the Health Department who had received a course of training, and in the first full year in which the National Health Service Act was in operation (1949) a total of 236 mentally ill patients were admitted to hospital.

In September, 1954, the whole of Bournemouth was transferred to the catchment area of Park Prewett Hospital, Basingstoke, with the exception that patients for "observation" were admitted to the Old Manor Hospital, Salisbury, and only in 1963 was the

position altered and from that date Bournemouth patients were admitted to hospitals in the Herrison Group, which by that time included the small St. Ann's Hospital at Canford Cliffs in addition to the main hospital at Dorchester.

From 1963 onwards the position has gradually improved with the extension of St. Ann's Hospital, the upgrading of wards at Herrison Hospital, and the development of Out-Patient facilities in Bournemouth. The appointment of Dr. G. J. Bell as part-time Senior Medical Officer for Mental Health on the Health Department's staff was a noteworthy advance, and with Dr. A. C. Gibson, Consultant Psychiatrist to the Herrison Group who was in charge of all Bournemouth patients, he established a liaison that was to become extremely fruitful. Mention should also be made of the "League of Friends of the Psychiatric Hospitals" who have done so much, not only to break down the barriers of social isolation affecting so many patients in long-term hospitals, but also to educate public opinion in matters of mental health.

As regards the mentally subnormal, in-patient admissions have been made to Coldeast Hospital, Sarisbury Green and Tatchbury Mount Hospital, Totton since the beginning of this period, but during the last few years an increasing number of Bournemouth patients have gone to Coldharbour Hospital, Sherborne, and Consultant Out-Patient Clinics have been instituted at both the Royal Victoria and Poole General Hospitals.

In 1957 the Royal Commission on the law relating to mental illness recommended that hospital and community care for mentally ill and subnormal patients should be informal and freely available and that powers of detention should only be used in exceptional cases. They said there should be a general reorientation away from institutional care, with local authorities being made responsible for the domiciliary care of both mentally sick and subnormal patients, together with vocational training where required.

Most of these recommendations, including the provision of hostels, were incorporated in the Mental Health Act, 1959 and inaugurated a period of intense activity by the Council and its officers to establish a really comprehensive community service for the mentally disordered in Bournemouth. The accompanying chronological table shows some of the highlights of this period :—

- 1951 — Opening of first Occupation Centre at Pokesdown (25 trainees).
- 1956 — Opening of second Occupation Centre at 29 Castlemain Avenue (20 trainees).
- 1958 — Appointment of Senior Medical Officer for Mental Health (Dr. G. J. Bell).

Mental Health Act, 1959

- 1961 — Opening of Turner Training Centre (100 trainees) to replace the Pokesdown and Castlemain Avenue Centres.
- 1963 — Opening of Beaufort House Hostel (12 beds).
- 1964 — Opening of Wallfield Hostel (18 beds).
- 1966 — Purchase of Leven House from the Hume Towers Estate.
- 1969 — Opening of Leven House Hostel (25 beds).
- 1970 — Opening of West Howe Industries (for 120 senior trainees).
 - Opening of April Court Hostel (20 beds).
 - Appointment of first Headmaster at Turner Training Centre (Mr. Wyn Howells).
- 1971 — Opening of Alma Road Social Club for the social (Jan.) rehabilitation of former hospital patients.

Admissions to Mental Hospitals, 1970

There were 687 admissions to mental hospitals arranged by Mental Welfare Officers of this department in 1970, the highest number ever recorded, and comparing with 610 admissions in 1969. No fewer than 403 of these (58·6%) had been in a mental hospital before and 61 had to return to hospital within a month of their previous discharge. This very high, and increasing re-admission rate, clearly indicated in the accompanying table, has become a worrying feature of the hospital system throughout the country and shows the need not only for an adequate system of after-care hostels but also for a strong force of social workers to support the discharged patients during the early, vulnerable period of their convalescence.

RE-ADMISSIONS TO MENTAL HOSPITALS

1958	Total admissions	378	Re-admissions	120	Percentage	31.7%
1959	„	373	„	131	„	35.1%
1960	„	393	„	140	„	35.6%
1961	„	450	„	160	„	35.6%
1962	„	425	„	146	„	34.4%
1963	„	418	„	158	„	37.8%
1964	„	420	„	175	„	41.7%
1965	„	415	„	150	„	36.1%
1966	„	465	„	214	„	46.0%
1967	„	552	„	290	„	55.0%
1968	„	615	„	360	„	58.5%
1969	„	610	„	355	„	58.2%
1970	„	687	„	403	„	58.66%

Of the 403 re-admissions during the year

61	were re-admitted within	1 month of discharge
115	„ „ „	6 months „ „
85	„ „ „	12 „ „ „
109	„ „ „	5 years „ „
33	„ „ over	5 years after discharge

ADMISSIONS TO MENTAL HOSPITALS DURING LAST 10 YEARS

<i>Year</i>	<i>Inf.</i>	<i>Sect. 60</i>	<i>Sect. 29</i>	<i>Sect. 26</i>	<i>Sect. 25</i>	<i>Total</i>
1961	146	1	111	17	175	450
1962	169	4	93	4	155	425
1963	169	4	105	15	125	418
1964	225	3	41	12	139	420
1965	245	4	50	9	107	415
1966	279	9	47	9	121	465
1967	364	4	49	8	127	552
1968	436	4	73	8	94	615
1969	439	8	67	5	91	610
1970	499	9	69	11	99	687

ALL PATIENTS ADMITTED TO HOSPITAL DURING 1970 UNDER MENTAL HEALTH ACT

<i>Age Group</i>	<i>Males</i>					<i>Females</i>					<i>Total</i>
	<i>Inf.</i>	<i>Sect. 26</i>	<i>Sect. 25</i>	<i>Sect. 29</i>	<i>Sect. 60</i>	<i>Inf.</i>	<i>Sect. 26</i>	<i>Sect. 25</i>	<i>Sect. 29</i>	<i>Sect. 60</i>	
10-20	6	—	3	2	—	12	—	—	—	—	23 (31)
20-30	34	—	3	12	2	35	—	4	2	—	92 (115)
30-40	36	3	8	10	2	37	—	4	5	—	105 (76)
40-50	31	—	5	5	1	43	4	9	7	—	105 (107)
50-60	40	1	4	1	2	53	2	7	7	1	118 (95)
60-70	33	—	9	2	1	61	—	20	6	—	132 (89)
70-80	24	—	2	2	—	38	1	12	4	—	83 (71)
80+	3	—	1	—	—	13	—	8	4	—	29 (26)
	207	4	35	34	8	292	7	64	35	1	687 (610)

Figures in brackets indicate comparative numbers for 1969.

The Work of the Mental Welfare Officers/Social Workers

During 1970 the Principal Social Worker and five mental welfare officers/social workers made 4,678 visits compared with 5,780 visits in 1969. The aggregate case load of patients for after-care visiting was 637, similar to that of the previous year, but as these officers were also concerned with the admission of an additional 77 patients over the 1969 total, together with the listing and safeguarding of their property, it happened inevitably that emergency (admission) work had to take precedence over preventive (after-care) work, and here there are all the makings of a vicious circle, which can only be broken by the recruitment of more social workers. This is easier said than done, for they are in short supply everywhere, and their work involves long hours of duty, with evening and week-end rotas. In addition to straight-forward case work, additional duties are finding lodgings for discharged patients, finding work for them, taking them to Out-Patient consultations, and on occasion, appearing in Court. They must also be experts in their knowledge of the statutory and voluntary agencies, with whom there is the closest co-operation.

Transport Arrangements

The Department has a contract arrangement with a local car hire firm to take patients to hospital for admission, but during the year the Ambulance Officer arranged ambulance transport on 74 occasions.

Receiverships

During the year the Medical Officer of Health, by appointment from the Court of Protection, was Receiver for four patients.

Mental Hostels

By the end of 1970 there were four mental hostels in Bournemouth, providing a total of 20 male and 54 female beds, but owing to an acute staffing problem one of them (Beaufort House) had to be temporarily closed on 8th December, and at the end of the year there were 53 patients (26 psychiatric, 27 subnormals) in residence. At the time of writing, Beaufort House is once more functioning to capacity, but its temporary closure during the last weeks of the

year illustrates the precarious staffing position in these hostels, which at times became an administrative nightmare. Hostels catering for the younger age groups are primarily places for rehabilitation, and when staff shortages occur most of the time is spent in dealing with the material needs of the patients and there is little time left for rehabilitation. In this connection two names should be mentioned, Mrs. O'Callaghan and Mrs. Green, who as Housemothers have been in the movement almost from the beginning and have set a splendid example of selfless devotion to duty.

Details of patients in residence are as follows :—

	<i>In Residence</i> 1.1.70	<i>Admissions</i>	<i>Discharges</i>	<i>In Residence</i> 31.12.70
Beaufort House (to 8.12.70)	7	23	30	—
Wallfield	16	19	21	14
Leven House	19	51	49	21
April Court (from 27.8.70) ..	—	26	8	18

MENTAL SUBNORMALITY

Many of the problems of mental subnormality are similar to those of mental illness, but a higher proportion of subnormals need long term hospital or hostel care, and comparatively few of the severely subnormal group are capable of full-time employment.

It is inevitable that a town which attracts so many people on retirement creates for itself a major problem when they bring subnormal members of the family with them and the problem becomes still more acute with the illness or death of the parents. During the year 29 new cases of mental subnormality were reported but only 2 of them were children who were reported by the Education Authority as unsuitable for education in school. The position at the end of the year was that 359 cases were on the authority's register, as follows :—

In hospitals	..	..	..	..	..	..	..	147
Attending Training Centres and living at home	..	..	..	..	..	..	..	129
Living in local authority hostels	..	..	..	..	..	..	..	27
Under Guardianship	..	..	..	..	..	..	..	1
Living at home	..	..	..	..	..	..	..	53
Resident in private homes	..	..	..	..	..	..	..	2
								<hr/> 359 <hr/>

Nine persons were admitted to hospital during the year on a permanent or semi-permanent basis, and in addition 8 persons were admitted to hospital and 25 persons to the local authority's hostels for short periods in order to give their parents a holiday.

At the end of the year there were 6 cases on the hospital waiting list, one of them being urgent.

The year 1970 marked a climax in the activities of the Health Committee, and its successor the Social Services Committee in the provision of a modern, purpose built Industrial Unit (West Howe Industries), a fourth hostel (April Court), the appointment of a Headmaster at the Turner Training Centre, and the build-up that led to the opening of the Alma Road Social Club in January, 1971.

(a) West Howe Industries

West Howe Industries, a modern factory on the Poole Lane Industrial Estate, was opened by Alderman P. G. Templeman, C.B.E., Chairman of the Social Services Committee in May, 1970, and the following month 92 former adult trainees from the Turner Training Centre commenced work there. By the end of the year this number had increased to 104, equally divided between males and females and of this total 84 were mentally subnormal and 20 were former psychiatric patients.

The work undertaken was a mixture of traditional handicrafts and the more financially rewarding light-assembly work, and after six months operation, the income of the factory was running at about £4,000 per annum, which formed the account from which trainees were paid a weekly wage in addition to their entitlement to Social Security benefit.

The main income from light-assembly and finishing comes from about six local firms, and includes the assembly and polishing of lipstick containers, the packaging of "Do it Yourself" door fittings,

the packaging of Christmas Gift parcels and plastic vanity cases. Much of this work was originally carried out from the Alma Road Centre, and the frequent repeat orders indicate a high standard of product.

While at Alma Road Centre all adult trainees received mid-day meals through the School Meals Service, but at West Howe Industries pre-packed frozen meals of good quality are cooked on the premises.

Land is available for extension at West Howe Industries when the present 120 places are all taken up, and a 60 place extension has been provided for in the Capital Scheme.

(b) April Court Hostel

This was the fourth hostel for community mental health purposes to be provided in Bournemouth and was officially opened by H.R.H. The Duchess of Kent on the 27th August. It was purpose built as an integral part of the Adult Workshop complex, to accommodate 20 trainees of both sexes, the majority of whom would be working at West Howe Industries. Though situated some half mile distant, it is on a bus route and within comparatively easy walking distance of the Kinson Shopping Centre. The majority of the trainees are accommodated in single rooms and there have been no problems at all due to the mixing of the sexes. The House-mother and her husband (who is an Instructor at West Howe Industries) are both resident at the Hostel.

(c) Turner Training Centre

With the departure of the older trainees to West Howe Industries some 45-50 juniors remained at the Turner Training Centre, to form the nucleus of the School which was to be taken over by the Education Committee in April, 1971.

Following staffing difficulties at the Junior Training Centre the Council decided to anticipate the changeover and appointed Mr. Wyn Howells, a recently retired headmaster of a London School for Educationally Subnormal Children, as Headmaster and Mr. Howells took up office on 9.4.70. Since 1968 it had been the Council's policy to second one member of staff each year to the

Diploma Course for the Training of Teachers of Mentally Handicapped Children and at the end of 1970 two members of the staff were qualified, and a third member was attending the course.

(d) The Alma Road Social Club

Following the transfer of the adult trainees from Alma Road in June, 1970, it was decided that the portion of the building formerly used as a Civil Defence training unit should become available as a Social Club for patients requiring after-care and particularly those lacking self confidence and the ability to mix with their fellows. It was decided that the club should be open twice a week in the first place, for about a dozen invited patients and would be run by the Social Workers during morning or afternoon sessions. A small amount of equipment was provided by the Council and the club held its first session in January, 1971.

Among the multifarious duties of social workers and Training Centre staff one of the most important is to ensure that patients receive adequate medical and dental supervision. This frequently involves taking patients to doctors' surgeries or psychiatric out-patient clinics and, in the case of trainees at both the adult and junior centres of arranging medical and dental inspections with the appropriate staff. The Senior Medical Officer for Mental Health paid weekly visits to both Centres, and of the 83 adults and 38 juniors who received dental inspection 53 adults and 16 juniors were found to require treatment, and 12 of them had to be admitted to the Dental Day Unit at Poole General Hospital for extractions under anaesthesia.

Bournemouth has gone a long way since 1948 in building up its community health services, in providing hostel accommodation at the rate of 50 places per 100,000 population, and facilities for both junior and adult training that are the equal of any in the country. Through its social workers it has won gradual acceptance of the right of the mentally disordered to live in peace and harmony with their more fortunate neighbours and these gains must not only be consolidated, they must be extended.

NURSING HOMES

At the end of the year 38 nursing homes were registered by the local authority, the same as in 1969, providing accommodation for 497 medical and surgical cases. Two of the nursing homes were approved by the Department of Health and Social Security for the purposes of the Abortion Act, 1967.

Bournemouth Crematorium

Since the opening of the Crematorium in 1938 there has been a steady increase in this method of disposing of the dead, and in 1970 4,258 cremations were carried out, of which 43·7% came from within the Borough. This means that two out of every three of Bournemouth's dead are now cremated, one of the highest rates in the country.

The Medical Officer of Health, as Medical Referee to the Crematorium, is responsible for the scrutiny of all relevant documents and authorising all cremations and in emergency is assisted by two deputies.

Since the opening of the Crematorium, over 64,000 cremations have been carried out there, as shown in the following table :—

1938	..	..	..	229
1939	..	..	..	384
1940	..	..	..	514
1941	..	..	..	557
1942	..	..	..	584
1943	..	..	..	693
1944	..	..	..	708
1945	..	..	..	742
1946	..	..	..	834
1947	..	..	..	1026
1948	..	..	..	1012
1949	..	..	..	1155
1950	..	..	..	1306
1951	..	..	..	1484
1952	..	..	..	1472
1953	..	..	..	1681
1954	..	..	..	1770
1955	..	..	..	1991
1956	..	..	..	2142
1957	..	..	..	2207
1958	..	..	..	2340
1959	..	..	..	2472
1960	..	..	..	2609
1961	..	..	..	2648
1962	..	..	..	2873
1963	..	..	..	3171
1964	..	..	..	3095
1965	..	..	..	3192
1966	..	..	..	3514
1967	..	..	..	3493
1968	..	..	..	3938
1969	..	..	..	3909
1970	..	..	..	4258

NATIONAL ASSISTANCE ACT, 1948, SECTION 47

Action was taken under this Section of the Act in two cases. The circumstances requiring such extreme action are briefly those in which an ill or aged person is living in insanitary conditions and is not receiving proper care and attention, and under the arrangements at present in force the Magistrates make a personal visit before confirming the Order. These cases are distressing in the extreme for all parties concerned but it seems almost inevitable that as the proportion of old people in the population increases more cases of this type will come to light. Brief details of the two cases are as follows :

Mrs. D. C. Aged 70 years. Living alone in insanitary conditions and also suffering from physical disabilities. Admitted to a Chronic Sick Hospital under a Magistrate's Order.

Mrs. A. L. T. Aged 80 years. Living alone in insanitary conditions. Was very feeble and unable to look after herself. Admitted to an Old Persons Home under a Magistrate's Order.

NATIONAL ASSISTANCE ACTS, 1948-1951 — INCIDENCE OF BLINDNESS

The registration of blind persons and the provision of welfare services for this category of disabled persons is carried out by the Welfare Services Department, and the following information in respect of new registrations has been supplied by the Director of Welfare Services :—

(i) Number of cases registered during the year in respect of which para. 7(c) of Forms B.D.8 recommends :—	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment ..	1	1	—	26
(b) Treatment (Medical, Surgical or Optical)	12	7	—	47
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment ..	10	7	—	47

Public Health Laboratory Service

REPORT BY Dr. G. J. G. KING

SPECIMENS RECEIVED FROM BOURNEMOUTH, 1970

Public Health Department

Faeces and urine	..	..	..	1,026	
Nose and throat	..	..	..	21	
Other human	..	..	..	3	
Food	..	..	..	198	
Ice-cream	..	..	..	212	
Milk	..	..	..	226	
Water	..	..	..	663	
Other sanitary	..	..	..	165	
Bloods	..	..	..	14	
				<hr/>	2,528

General Practitioners

Faeces and urine	..	..	..	5,766	
Nose and throat	..	..	..	297	
Other human	..	..	..	1,374	
Bloods	..	..	..	1,076	
Sputa : Direct	..	..	..	1	
Culture	..	..	..	194	
				<hr/>	8,708

Bournemouth Chest Clinic

Laryngeal swabs	..	..	..	1,876	
Sputa : Direct	..	..	..	—
Culture	..	..	..	302	
Faeces and urine	..	..	..	24	
Bloods	..	..	..	11	
Other human	..	..	..	2	
Pleural fluids	..	..	..	3	
				<hr/>	2,218

Royal National Hospital

Nose and throat	..	..	..	32	
Laryngeal swabs	..	..	..	788	
Pleural fluids	..	..	..	155	
Sputa : Direct	..	..	..	—
Culture	..	..	..	2,787	
Faeces and urine	..	..	..	950	
Other human	..	..	..	112	
Bloods	..	..	..	583	
				<hr/>	5,407

Royal Victoria Hospital

Faeces and urine	..	..	..	105	
Phage typing	..	..	..	397	
Bloods	..	..	..	1,769	
Other human	..	..	..	111	
Nose and throat	..	..	..	220	
Cultures	..	..	..	24	
Bronchitis	..	..	..	37	
Pleural fluids	..	..	..	2	
				<hr/>	2,665

Total 21,526

Water Supply

The greater part of the Borough is served by the Bournemouth and District Water Company, the remainder by the West Hampshire Water Company. Throughout the year, both supplies have been satisfactory, both as regards quantity and quality, and 456 samples were submitted to the Public Health Laboratory by the district public health inspectors from the mains supplies, with completely satisfactory bacteriological results.

The bulk of the water supplied to the Borough is drawn from local rivers, particularly the Avon, and there is no traceable content of fluoride in the water as supplied.

I am indebted to the General Manager of the Bournemouth and District Water Company and to the Chief Engineer of the West Hampshire Water Company for the following information :—

		Bournemouth and District Water Co.	West Hants Water Co.
(a)	Quality and quantity of water supply throughout the year.	Satisfactory.	Satisfactory.
(b)	Action taken in respect of any form of contamination	No specific action was necessary (other than sterilisation of sections of mains following repair).	
(c)	Number of dwelling houses supplied from the public water mains		
	(i) direct to houses	50,635	6,856
	(ii) by means of stand-pipes	None	None

SEWERAGE AND SEWAGE DISPOSAL

In previous Annual Reports reference has been made to the progress of the scheme for diverting all sewage from the Borough to inland treatment works and the complete elimination of sewage from the Bay. The Borough Engineer has kindly supplied me with the following additional information :—

Sewerage and Sewage Disposal

The scheme for diversion of the remainder of this Borough's sewage from the bay is continuing steadily.

Contracts 1, 2 and 3 for the Coastal Intercepting Sewer, totalling £1.7m. expenditure are now virtually completed and await the diversion of flows into this trunk sewer. The new Bournemouth Pumping Station (Contract 5) is half completed and should be completed on schedule in April, 1972. Contract 4, a further tunnel contract for interception of the flows from Westbourne and Alum Chine starts in June, 1971.

Machinery has been installed at Holdenhurst Purification Works in advance of the new extensions, for which civil engineering work starts at the end of 1971.

Main drainage has been provided for the Throop and Muscliffe areas, during the year, which were previously on cesspool drainage. Consideration of further extensions to the main drainage facilities will shortly be given.

A surface water trunk sewer is being provided for the Ringwood Road and Boscombe and Springbourne districts of the town and a new principal traffic road, which will facilitate the future separation of the old combined surface water and foul sewerage system.

Report by A. J. Mortimer Meteorological Registrar

1970 Summary

JANUARY was wet, the wettest January since 1943 with 5.72 inches of rain against the average of 3.56 inches, and it was dull, the sixth most gloomy January of the century. FEBRUARY soon set about making amends, finishing with 116.9 hours of sunshine, the third sunniest of the century. MARCH had near average sunshine and rain, but it was a cold month with 18 ground frosts and 12 air frosts, and snow an inch deep on three days. APRIL also was cold, the coldest since 1922 and below average for sunshine and rainfall. The transformation came in MAY with sunshine and temperature above average and rainfall below and the pleasant story was continued in JUNE with very low rainfall. The three-hundredths of an inch which fell on June 16th brought to a close a period of 31 days without rain, while sunshine totalled 282.3 hours. Although JULY was cool and sometimes unsettled, sunshine was still above average and rainfall below. AUGUST was notable for switch-back temperatures. Ten days of hot summer weather with maximum temperatures of 77°F. on two days, were followed by two days with maximum temperatures of only 59°. Weather this month was, on the whole, unsettled. SEPTEMBER, although unsettled at times was mostly warm and sunny. OCTOBER was dry, warm and sunny after an unsettled start but the NOVEMBER picture was one of rain. The average rainfall for the whole month had fallen before the second week was out, and the month closed with 8.52 inches of rain, making it the third wettest November of the century. It was mild, however, with a mean temperature three degrees above normal. Finally DECEMBER continued the mild and sunny story until near Christmas when we had that most seasonable of experiences, a white Christmas.

SUMMARY FOR THE YEAR

Highest temperature recorded	..	80° on 10th June
Lowest temperature recorded ..	..	23° on 7th January
Greatest fall of rain in one day	..	1.26 inches on 29th January
Total rainfall .. .. .	..	31.59 inches (Average 31.21 inches)
Total sunshine .. .. .	..	1847.9 hrs. (Average 1726 hrs.)
Number of days with sunshine	..	314
Number of days with rain ..	..	174
Mean temperature .. .. .	..	50.7° (Average 50.9°)

BOURNEMOUTH CLIMATOLOGICAL STATION

Latitude 50° 44'N. Longitude 1° 53'W. Height above Mean Sea Level 130 ft.

1. TEMPERATURE (Degrees Fahrenheit)

	Jan.	Feb.	Mar.	Apl.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.
Average	40.1	40.5	44.0	48.6	53.8	59.4	62.4	62.4	58.5	52.2	46.0	42.3
1970	41.5	40.1	40.7	45.4	54.7	61.4	60.5	61.5	59.3	53.1	49.1	40.7
Absolute Maximum	52	53	55	57	69	80	75	77	74	67	60	54
Date	(22)	(21)	(20)	(29)	(8)	(10)	(7)	(3/4)	(21)	(11)	(2)	(2/3)
Absolute Minimum	23	25	25	28	42	46	42	42	45	35	29	24
Date	(7)	(15)	(10)	(2/9)	(18)	(26/30)	(22)	(18)	(15/16)	(8)	(16)	(27)
Mean Range	8.9	11.3	12.5	12.3	15.7	16.0	14.4	14.7	13.4	11.9	10.1	8.5
Humidity %	95	75	82	76	77	73	77	83	82	86	88	90

Mean Temperature for 1970 — 50.7 Average (Air Ministry) — 50.9

2. SUNSHINE (Hours)

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.
Average	65	82	133	185	218	230	213	206	150	116	71	57
1970	39.8	116.9	136.0	153.1	257.5	282.3	221.1	194.2	189.8	113.8	66.5	76.9
Daily Average (1970) ..	1.28	4.20	4.40	5.10	8.30	9.41	7.13	6.27	6.33	3.67	2.2	2.48
Highest amount in one day	7.5	8.8	10.4	12.7	14.8	15.0	15.0	13.5	11.0	9.5	8.5	7.2
Date	(6)	(20)	(5)	(29)	(20)	(4)	(12)	(1)	(5)	(9)	(15)	(31)
Days with sunshine	18	24	28	30	29	29	31	28	28	25	22	22

Total for 1970 — 1847.9 Average (Air Ministry) — 1726

3. RAINFALL (Inches)

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.
Average	3.56	2.28	2.06	2.00	1.90	1.56	2.22	2.47	2.50	3.46	3.74	3.46
1970	5.72	2.37	2.35	1.74	1.31	0.95	1.65	1.84	2.77	1.12	8.52	1.25
Daily Average	.185	.085	.076	.058	.042	.032	.053	.059	.092	.036	.284	.040
Greatest fall in one day	1.26	.47	.73	.37	.55	.34	.27	.46	.72	.30	1.16	.40
Date	(29)	(11)	(12)	(11)	(15)	(23)	(23)	(5/21)	(11)	(6)	(6)	(3)
No. of days with rain	22	17	18	18	7	8	14	11	13	11	21	14

Total for 1970 — 31.59 Average (Air Ministry) — 31.21

Environmental Hygiene

**Report by G. A. Morgan, B.E.M., M.R.S.H., M.A.P.H.I.,
Chief Public Health Inspector**

The figures given in the following pages of this report will indicate that, whilst the work of the Environmental Health Section is extremely varied, the greater proportion of Inspectorial time was spent maintaining acceptable standards in food premises and in offices and shops, in the abatement of nuisances and in dealing with the Section's responsibilities under the Housing Acts.

At the end of 1969, there were strong grounds for considering that the additional duties which the Department was required to undertake in connection with the passing of the Housing Act, 1969, might well interfere with some of the equally important work in other fields of Environmental Health. There was a substantial increase in the amount of housing work carried out; for example, over 900 visits were made in connection with applications for Qualification Certificates and each visit involves a full inspection of the whole house. It was, however, possible to maintain the high level of inspection of food premises, houses in multiple occupation, offices and shops and deal expeditiously with complaints of nuisance, although some work of lesser priority received less attention than in previous years. The maintenance of a full staff of Public Health Inspectors during the year was fortunate whilst the increases in the establishment, agreed by the Council in June, greatly assisted the Section in absorbing its new responsibilities in spite of the fact that only one of two new posts for Public Health Inspectors could be filled.

From the commencement of the municipal year 1970/71, the duties of the Council under the Housing Acts, previously the responsibility of the Health Committee, were transferred to the Housing Committee. This readjustment of Committee functions has enabled the Housing Committee to relate the various housing problems more closely and facilitated the co-operation between the officers of the Housing Department and the Public Health Department whose duties, whilst being very different in character, are often inter-related.

In conclusion, I should like to acknowledge the support and help which I have received from my Deputy, Mr. A. R. Hutt and Mr. W. C. Jewell, the Public Conveniences Superintendent, and to express my appreciation of the work of both the Inspectorial and clerical staff of the Section.

Inspection and Visits

Water

To obtain samples of water for chemical and bacteriological examination	212
To obtain samples of water for chemical and bacteriological examination at swimming baths and paddling pools	272

Food Supply

Hotel and Boarding House kitchens	952
Cafes and Restaurants	367
Factory Canteens	19
School Feeding Centres	23
Bakehouses	115
Food preparation premises	231
Shops re sale of food	1,891
Dairies and Milkshops for milk samples	263
Shops for other samples of food and drugs	398
Dairies and milk distribution premises	92
Pasteurising plants	35
Premises used for the manufacture, storage and sale of ice cream	219
Meat markets and cold stores	138
Other visits re food supplies	11

Atmospheric Pollution

Smoke observations	62
Visits to premises	199

Housing Conditions

Primary inspections of dwellinghouses (under Public Health Act, 1936 and Housing Act, 1957, etc.)	2,000
Subsequent inspections of dwellinghouses	2,152
Houses in multiple occupation (Housing Acts, 1957, 1961, 1964 and 1969)	1,170
Caravan sites and individual caravans	100

Occupational Conditions

Factories	353
Homes of Outworkers	18
Shops re Shops Act, 1950, Young Persons (Employment) Act ..	315
Offices, Shops and Railway Premises Act, 1963	1,159

Infectious Diseases

Primary visits after notification	87
Subsequent visits and visits to contacts	797
Visits regarding immigrants	152

General Sanitary Conditions

Hairdressing establishments	181
Noise nuisances	437
Nuisances other than the above	1,317
Nursing homes, day nurseries, etc.	86
Pet shops, Animal Boarding Establishments	29
Piggeries and swill-boiling plants	38
Places of entertainment	40
Premises for the examination of drains	1,127
Private Sanitary Inspections	7
Refuse accommodation	365
Sale of poisons	28
Swimming Baths	73
Verminous premises	483
Miscellaneous	1,210

Food Supply

It has been the policy in the Department for a number of years to seek to improve the standards of hygiene in food premises by regular inspections by the District Public Health Inspectorate. As far as necessary staff changes allow, a continuity of inspection valuable to both the Inspector and the food trader concerned is maintained sometimes over several years. There appears to be little doubt that this policy is an important factor in the general overall improvement in food hygiene standards in the town. Bournemouth is fortunate in that by far the majority of its food traders seek to maintain their premises to a standard substantially higher than that demanded by the Food Hygiene (General) Regulations and that an excellent relationship exists between the Inspectors and the trade to this end.

There are exceptions of course but during 1970 in only one case was it necessary to recommend to the Council that a prosecution be instituted against a food trader for failing to comply with the

Regulations. 4,750 visits were made to food premises in the course of the year and 61 informal notices were sent to owners of businesses drawing attention to 417 contraventions of the Regulations. With the exception of the case previously mentioned which was the subject of a Court hearing early in 1971 the deficiencies were remedied without the need for further action. This position can be considered reasonably satisfactory but it must always be remembered that quite serious outbreaks of food poisoning can be started as a result of failure to observe even the most elementary rules of food hygiene. There is, therefore, no room for complacency and, if the town's reputation as a leading holiday centre is to remain unaffected, then constant vigilance on the part of both traders and the public health inspectorate is all important.

10 courses to prepare food handlers for the Council's Certificate in Food Hygiene were held during the year and 130 operatives were successful in the examinations held at the end of the Courses and were awarded the Council's Certificate. Food businesses vary so much in size and character that it has always proved difficult to design health education programmes to meet the varying needs of the trade. The present Courses as arranged obviously fulfil a useful function but they can be expected to do little or nothing to meet the essential requirement that casual workers employed during the summer season should receive at least some basic education in food hygiene. It appears that this particular problem can best be met by giving short talks to such casual workers at their place of employment and it is intended to initiate this programme before the start of the 1971 summer season.

Measures taken to comply with the Food Hygiene (General) Regulations, 1960

No. of Premises cleansed	..	..	..	..	..	..	47
No. of Premises where equipment cleansed	..	..	..	..	..	..	38
No. of Wash-hand basins provided	..	..	..	..	..	..	16
No. of cases where hot water facilities improved	..	..	..	..	..	..	29
No. of First-aid kits provided	..	..	..	..	..	..	9
No. of Premises where walls repaired	..	..	..	..	..	..	58
No. of Premises where floors repaired	..	..	..	..	..	..	45
No. of Premises where working surfaces repaired	..	..	..	..	..	..	38
No. of Premises redecorated	..	..	..	..	..	..	54
No. of Premises where accommodation for clothing provided	..	..	..	..	..	..	3
No. of Premises where sanitary accommodation improved	..	..	..	..	..	..	6
No. of Premises where notices were provided	..	..	..	..	..	..	29
No. of Premises where waste storage improved	..	..	..	..	..	..	3
No. of other contraventions remedied	..	..	..	..	..	..	195

Meat Inspection

There is no abattoir or slaughterhouse within the borough boundaries, most of the fresh meat slaughtered locally coming into the town from Uddens Abattoir within the district of Wimborne and Cranborne. Meat inspection by the District Inspectorate is therefore confined to work at the meat depots and at local butchers' shops. Regular routine inspections of these premises are carried out and visits to the meat distributors are very frequent to deal with substantial quantities of meat arriving in unopened containers. The system of notification of the passage of containers through ports which relies on the co-operation of Port Health Inspectors throughout the country is functioning satisfactorily although containers tend to arrive at regular times most weeks and so local inspectors are able to be present when the containers are opened. No problems have been met in Bournemouth as a result of the containerisation of food and meat invariably arrives in first-class condition.

Milk Supplies

Licences to sell pre-packed milk are granted for five year periods or part of a five year period and all licences in the town expired on December 31st 1970. 264 milk vendors were re-licensed to sell designated milk from the 1st January, 1971 and this number included traders who had applied for licences for the first time during 1970, to sell designated milks as follows:—

Pasteurised	..	..	..	..	..	23
Sterilised	..	..	..	..	..	6
Ultra Heat Treated	..	..	..	..	..	7

There is no untreated milk distributed within the borough boundaries.

Milk is pasteurised in the Borough at two dairies which serve not only the town but neighbouring areas. Sterilised milk is processed in Bristol and distributed by the local dairy firms. During the year 35 inspections were made of the pasteurisation plants.

226 samples of designated milks were submitted to the Public Health Laboratory for bacteriological examination during 1970.

3 samples failed the Methylene Blue Test and investigations were carried out immediately at the pasteurisation plants. Minor faults in the processing and distribution arrangements received immediate attention from the dairies concerned.

19 series of bottle and churn rinses were submitted for bacteriological examination and the results received which were generally satisfactory provide a useful indication as to the efficiency of washing machinery.

Ice Cream

It is undoubtedly true to say that the standard of hygiene maintained in factories where ice cream is manufactured has changed the character of this food from a highly suspect article always likely to be associated with food borne disease to a normally very safe commodity. Nevertheless, all the managements' efforts can be brought to nothing by irresponsible handling at retail outlets and this is especially true in the case of soft ice cream. A high rate of sampling is therefore maintained in the town as the following table indicates.

Number of Samples taken — 201

	Grades I and II	Grade III	Grade IV
No. of samples of pre-packed ice-cream placed in Grade	125	6	4
No. of samples of loose or soft ice-cream placed in Grade	46	15	5
TOTAL	171	21	9
percentage of samples placed in Grade	85%	10%	5%

It must be emphasised that the placing of a sample in Grades III and IV is not an indication that the ice cream is unsafe to eat. It is a warning that the method of handling and production leaves something to be desired. A serious situation arises only when a series of samples produce consistently unsatisfactory results. This type of situation has not occurred in Bournemouth for many years.

20 additional premises were registered for the sale of ice cream in the course of the year bringing the number of registered retail outlets to 547. When it is remembered that this figure does not include premises where ice cream is served only as part of a meal, it will be realised that the consumption of ice cream in the town is very high indeed.

Prepared Foods

It has long been recognised that the preparation of meat including fish foods requires special care since these high protein foods are susceptible to food poisoning organisms. Premises where meat or fish is manufactured or prepared are therefore required to be registered under the Food and Drugs Act, 1955. At the end of the year 182 premises in the town were so registered. There were four new additions during the year whilst 14 premises closed for business.

84 samples of meat and fish products were submitted to the Public Health Laboratory in the course of the year and all were reported to be bacteriologically satisfactory. Almost all the samples submitted were purchased at retail outlets and the sampling programme is therefore a useful check not only on production methods but also on the handling in transit and at the retail outlet.

Other Foods

It is necessary to check on the bacteriological standard of foods other than meat and fish products sold in the food shops of the town and during the year 41 samples of other foods were submitted to the Public Health Laboratory for this purpose. All produced very satisfactory reports.

Foodstuffs Condemned

The following table indicates the amount of food condemned as being unsound by the Public Health Inspectors during 1970.

<i>Description</i>	<i>Tons</i>	<i>Cwts.</i>	<i>Qtrs.</i>	<i>lbs.</i>
Fish		14	0	9
Meat	5	1	0	4
Tinned Foods	5	18	0	10
Other Foods	5	14	0	14
	<u>17</u>	<u>7</u>	<u>1</u>	<u>9</u>

The Department operates a system of disposing of unsound food voluntarily surrendered by the trade. The Department receives notification by traders when they have food which they know or suspect may be unfit for human consumption. The Public Health Inspector will then inspect the food and, if he is satisfied that the food is unfit or suspect, he will issue a certificate of unfitness and arrange for the safe disposal of the foodstuffs condemned. The amount of food, just over 17 tons, condemned in 1970 is only fractionally higher than the amount condemned during 1969 and substantially lower than that dealt with during 1968. It appears to be a very large amount of food but on reflection it will be realised that this is a very small proportion of the total foodstuff sold in the town during the course of a year. By far the greater proportion of the goods voluntarily surrendered have been damaged in transit or delayed to an extent which makes them no longer saleable. Very seldom can the unsoundness of the food be traced to bad manufacturing processes although occasionally food must be condemned because it has been held too long in store due perhaps to over-stocking on the part of the trader.

Adulteration of Food and Drugs

(a) Milk

152 samples of milk were subjected to the Gerber Test in 1970. This work is carried out locally by the Public Health Inspectors and involves separating the milk using a centrifuge. This particular test is used to ascertain if the composition of the milk conforms with the Statutory standards. All milk tested by the Inspectors during the year complied with the legal requirements.

Milk Samples subjected to Gerber Test

"Pasteurised" Milk	..	..	..	..	79
"Channel Islands" Milk	..	..	..	..	60
"Homogenised" Milk	..	..	..	..	12
"Sterilised" Milk	..	..	..	..	1
					<hr/>
					152
					<hr/>

(b) Other Food and Drugs

223 samples of food and drugs were submitted to the Public Analyst who reported as follows :—

	FORMAL SAMPLES		INFORMAL SAMPLES		Total Samples
	<i>Reported Genuine</i>	<i>Reported Adulterated or unsatisfactory</i>	<i>Reported Genuine</i>	<i>Reported Adulterated or unsatisfactory</i>	
FOOD	2	3	186	8	199
DRUGS	—	—	24	—	24
TOTAL	2	3	210	8	223

11 samples were reported as unsatisfactory and were dealt with as follows :—

<i>Ref. No.</i>	<i>Sample</i>	<i>Nature of offence or adulteration</i>	<i>Action taken</i>
FORMAL SAMPLES			
354	Margarine	Deficient of Vitamin A	Manufacturer consulted and has altered process to ensure availability of Vitamin A.
664	Italian Grated Parmesan Medium Fat Hard Cheese	Contained fat not derived from milk	Correspondence with Importers — further action pending.
666	Mincemeat with brandy	Mincemeat bearing an unsatisfactory label	Stock withdrawn and manufacturer to alter label
INFORMAL SAMPLES			
1	Margarine	Deficient of Vitamin A	Formal sample No. 354 taken
68	Italian Grated Parmesan Medium Fat Hard Cheese	Contained fat not derived from milk	Formal sample No. 664 taken.
163	Fish Fingers	Deficient of Fish — Fish content not more than 52%	Formal sample to be taken
186	Mincemeat with brandy	Mincemeat bearing an unsatisfactory label	Formal sample No. 666 taken
198	Candied Peel	Infested with mites	Retailer's stock withdrawn
206	Chestnuts	Contained 42% bad nuts	Retailer's stock withdrawn
Special 12	Fish Fingers	Deficient of fish — Fish content not more than 56%	} Manufacturers written to. Action suspended in view of consideration by Foods Standards Committee.
Special 13	Fish Fingers	Deficient of fish — Fish content not more than 49%	

Atmospheric Pollution

Almost 200 visits were made by the District Public Health Inspectors to premises in connection with complaints alleging smoke nuisance. In three instances chimney emissions were considered to be a nuisance to the inhabitants of the neighbourhood but with the co-operation of the occupiers of the premises concerned, abatement was secured without the need for formal action.

There were, in addition, 62 observations of chimneys to ascertain whether or not offences under Section 1 of the Clean Air Act, 1956 — prohibition of dark smoke — were being committed. In one case only was it necessary to institute proceedings in a Court of Summary Jurisdiction.

As so often happens in the work of an Environmental Health Section, the most difficult complaints to deal with are those made by persons who consider conditions warrant action but where there is no legislation which the Local Authority can bring to bear to improve the situation. It is far from satisfactory from the complainants' viewpoint, for example, to be informed that, as the burning of timber or scrub arising from demolition or site clearance may be only of a temporary nature, the Local Authority is not in a position to require the immediate abatement of any nuisance. The complainants' concern is understandable and the Public Health Inspector utilises all informal channels to assist, not always it is regretted, successfully.

The domestic chimney is the frequent cause of complaint particularly where a new flue has been constructed to serve a domestic heating appliance. Frequently these flues terminate at a lower level than the existing chimney stack and the position is aggravated where a two storey dwelling is situated alongside a bungalow. Although the Clean Air Act excludes the domestic chimney from the nuisance provisions, leaving the Public Health Inspector powerless, all such complaints are investigated informally in an effort to achieve an improvement, where possible.

One unusual incident occurred during the year. A pair of ladies' tights, exhibiting numerous small holes, was sent to the Department. It was alleged by the person who was wearing the tights at the time this damage occurred, that it was caused by smuts from a

factory chimney which was close at hand. The article of clothing had been washed and all evidence of the corrosive substance responsible for the holing had been removed. The Public Analyst confirmed that the tights had been burnt by acid particles but suggested that the likely cause was the exhaust of a vehicle.

All plans submitted to the Council were examined and, where necessary, the applicant's attention was drawn to the need to notify the proposed installation of a furnace in accordance with Section 3 of the 1956 Act. All applications for approval of chimney height were passed, although in several cases minor adjustments to the proposals were agreed before the application was considered by the Social Services — Health — Committee.

In co-operation with the Warren Springs Laboratory, daily readings of smoke and sulphur dioxide in the atmosphere continued to be taken at three sites in the Borough as part of the National Survey of Air Pollution.

Housing

The Annual Report for 1969 made mention of an extension of housing work likely to be undertaken by the Department as a result of the passing of the Housing Act, 1969 which came into effect on the 25th August, 1969. The forecast then made that a large increase in the amount of work and a greater variety of duties would be undertaken by the Department has proved to be correct. The Council recognised this situation at the end of June when the establishment of Public Health Inspectors was increased by two and approval was also given to the appointment of a Housing Clerk. One Public Health Inspector already a member of the staff was regraded to assist in the supervisory work in the housing field. It was possible to fill only one of the two new posts of District Public Health Inspector.

Unfit Dwellings

9 dwellings were represented to the Council as being unfit for human habitation having regard to the standard laid down by

the Housing Act, 1957. These properties were dealt with as follows :

Demolition Orders made	..	..	..	..	..	..	1
Closing Orders (Section 17)	..	..	..	..	..	..	4
Closing Orders (Section 18)	..	..	..	..	..	..	2
Undertakings not to re-let	..	..	..	..	..	..	1
Council purchase under Section 17	..	..	..	..	..	..	1

Section 72 of the Housing Act of 1969 gave Local Authorities an additional and very valuable power to secure the repair of houses found to be in need of substantial works but not unfit within the meaning of the Housing Act, 1957. One notice was served during the course of the year requiring an owner to bring a house in a bad state of repair to reasonable standard but it is anticipated that this particular piece of legislation will be much more widely used in the future.

Qualification Certificates

Applications made by landlords of properties for Qualification Certificates to enable them to increase the rent of their houses accounted for a substantial proportion of the time spent on housing work by the District Inspectorate. 453 initial inspections were carried out in connection with such applications and 465 re-inspections were also necessary. The Director of Housing is the officer to whom application for a Qualification Certificate must be made and the Housing Department issue the Certificates when appropriate. The practical work of inspection is carried out by the Public Health Inspectors and a system to coordinate the work of the two departments has been formulated. A high level of co-operation exists between the two departments and its officers at all levels and the system is working well.

Springbourne General Improvement Area

Following the initial survey of 550 houses carried out by the Public Health Inspectorate during 1969, the Council in May of this year declared a part of the Springbourne Area containing nearly 500 houses to be a General Improvement Area. The effect of this decision was to commit the Council to do all it can within the limits of the power afforded by the legislation to encourage and assist owners to improve their properties and to bring about

certain environmental improvements in the neighbourhood. To secure the full benefit to be derived from the designation of an area as a General Improvement Area, it is essential that the Council secure the full support of the residents in the area; a substantial publicity and public relations exercise was mounted by the Council to this end and the Department played a full part in this promotion. In addition, many visits have been made to properties in the area for discussions with owners and other interested parties to secure the re-furbishing of individual houses.

Since the end of the Second World War much housing work carried out by Local Authorities has involved much demolition of unfit property. This was inevitable but most Local Authorities and their officers have appreciated the efforts of the Central Government over the past few years to seek wherever possible means whereby sub-standard housing may be dealt with in a constructive rather than destructive fashion to extend the life of such houses for several years to come. Bournemouth has been fortunate in that its housing stock is fairly modern and it has not been found necessary to sweep away areas of predominantly bad and unfit housing. It nevertheless appears sound policy on the part of the Council to create improvement areas which will halt the depreciation in the older areas of the town and delay, perhaps for many years, the time when the Borough will have to consider the renewal of areas of housing. Experience has shown that it takes time to achieve all the desirable objectives in an improvement area and that to serve the interests of the Council and the residents, a great deal of hard, patient work will be necessary on the part of the Council's officers. Sufficient has already been achieved, however, to indicate that these efforts in the ultimate will be very worth while.

Houses in Multiple Occupation

It was considered essential that the new housing work being undertaken by the Department should not materially affect the amount of time given to the initial inspection of and routine visits to houses in multiple occupation. For the past few years much has been achieved to improve and maintain a satisfactory standard of living conditions in multi-tenanted houses. There is little doubt,

however, that unless routine inspections are maintained at a reasonable level then the standard may well drop. The following tables set out the work carried out by the Department in connection with houses in multiple occupation.

Houses in Multiple Occupation

Visits and Notices Served

Total No. of visits	..	..	..	..	..	1,115
No. of Initial Inspections made	..	..	..	..	..	55
No. of Individual Lettings inspected	..	..	..	..	..	349
No. of Re-inspections made	..	..	..	..	..	1,060
No. of Informal Notices served	..	..	..	..	..	140
No. of Formal Notices served (including Orders made)	..	..	..	..	..	14

Details of Formal Action (Housing Act, 1961)

Management Orders made (Section 12)	..	..	..	..	6
Management Order revoked	..	..	..	..	1
Directions served (Section 19)	..	..	..	..	3
Notices re Works (Section 15)	..	..	..	..	1
Notices re Overcrowding (Section 90, Housing Act, 1957)	..	..	..	..	1
Notices to effect Means of Escape in Case of Fire (Section 16)	..	..	..	..	2

Results Achieved

Premises found satisfactory on initial inspection	..	..	..	..	12
Premises rendered satisfactory by notice	..	..	..	..	82
Premises where houses in multiple occupation use ceased due to					
(a) Change of Use	..	..	..	..	12
(b) Demolition	..	..	..	..	2

Details of Improvements Effected

	No. of Premises
1. Means of Escape in Case of Fire	58
2. Abatement of Overcrowding in Lettings	16
3. Reduction of numbers by Directions	6
4. Improved Washing Facilities in Lettings	39
5. Improved Washing Facilities in Bathrooms	11
6. Additional water-closets	1
7. Food Storage, preparation and cooking facilities	14
8. Space heating	5
9. Improved Natural Lighting	17
10. Improved ventilation	15
11. Internal repairs and redecorations	66
12. External repairs	52
13. Management Items	45

Land Charges Enquiries

A total of 5,800 enquiries concerning various properties received attention during 1970. This represents a 13% increase over the number dealt with during 1969.

Caravan Dwellings

No new caravan sites were licensed during 1970 and there remain 12 licensed parks in the Borough providing places for 366 residential and 409 holiday caravans. 100 inspections were carried out by the Public Health Inspectors during the year to ensure that satisfactory conditions at sites were maintained.

Occupational Conditions

Factories

The following tables set out the prescribed particulars on the administration of the Factories Act, 1961 :—

Factories Act, 1961. Part 1 — Inspections.

<i>Premises</i> (1)	<i>Number on Register</i> (2)	<i>Number of</i>		
		<i>Inspections</i> (3)	<i>Written notices</i> (4)	<i>Occupiers prosecuted</i> (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	98	19	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	659	352	23	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	—	—	—	—
TOTAL	757	371	23	—

Cases in which defects were found

Particulars (1)	Number of cases in which defects were found				No. of cases in which prosecu- tions were insti- tuted (6)
	Found (2)	Reme- died (3)	Referred		
			To H.M. Inspctr. (4)	By H.M. Inspctr. (5)	
Want of cleanliness (S.1) ..	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)..	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	1	1	—	—	—
(b) Unsuitable or defective	6	5	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relat- ing to Outwork)	16	18	—	—	—
TOTALS'	23	24	—	—	—

Outwork (Sections 133 and 134)

Nature of Work (1)	Section 133			Section 134		
	No. of outworkers in August list required by Section 133 (1) (c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing apparel (making, etc.)	35	—	—	—	—	—
Household Linen ..	2	—	—	—	—	—
TOTAL ..	37	—	—	—	—	—

Offices, Shops and Railway Premises Act, 1963

During the year the Public Health Inspectors made 1,147 visits to premises registerable under the Act. There were 25,018 persons working in the premises registered at 31st December, 1970 and there were 2,734 premises on the register at the end of the year, as follows :—

Offices	1,023
Retail Shops	1,480
Wholesale Shops and Warehouses	75
Catering Establishments open to public, Canteens	155
Fuel Storage Depots	1

556 premises received a general inspection in the course of the year and as a result the following measures were carried out to improve working conditions and welfare provisions :—

Sanitary Accommodation

New water-closets provided	3
Intervening ventilated space provided	4
Cleansing carried out	12
Other works done	20

Washing Facilities

New wash-hand basins provided	10
Hot water provided	28
Cold water provided	10

Other Matters

Means of heating provided	9
Thermometers provided	21
Ventilation improved	9
Lighting improved	14
Work to hoists or lifts	1
First-aid Boxes provided or re-stocked	52
Abstracts posted	31
Other contraventions remedied	171

Accidents

There were 71 accidents reported, none fatal, which may be classified as follows :—

No. of accidents affecting men	..	..	..	31
No. of accidents affecting women	..	..	..	34
No. of accidents affecting boys	..	..	..	6
No. of accidents affecting girls	..	..	..	—
No. of accidents occurring in offices	..	..	..	7
No. of accidents occurring in retail shops	..	..	..	50
No. of accidents in wholesale shops	..	..	..	8
No. of accidents in catering establishments	..	..	..	5
No. of accidents in canteens	..	..	..	1
No. of accidents involving machinery	..	..	..	5
No. of accidents involving hand tools	..	..	..	1
No. of accidents as a result of falls	..	..	..	24
No. of accidents as a result of collision	..	..	..	5
No. of accidents involving the handling of goods	..	..	..	20
No. of accidents involving vehicles	..	..	..	10
No. of accidents involving falling objects	..	..	..	4
No. of accidents involving fire and explosion	..	..	..	1
Miscellaneous	..	..	..	1

Shops Acts

315 visits to shops were made by the Public Health Inspectors to ensure compliance with the provisions of the Shops Acts and the Young Persons Employment Act. 3 contraventions were detected 2 of which were remedied after informal action.

For some years, retailers in the trading centre of the town have been exempt by Order from the need to close their shops for the weekly half-holiday. A similar exemption has applied to all shops throughout the Borough during the summer months. In October of this year following two exhaustive surveys of retailers outside the central area, the right to keep shops open for six full days in a week was extended throughout the town with very few exceptions.

INFECTIOUS DISEASES

884 visits were made in connection with cases of infectious disease; 466 of these visits were necessary to investigate fully reports of cases of suspected food poisoning.

Disinfection of premises was carried out by the Public Health Inspectors' assistants as follows :—

	<i>No. of rooms</i>			
(a) After notifiable disease	14
(b) After non-notifiable disease	8
(c) After Tuberculosis	1

General Environmental Conditions

Drainage

The following table sets out in detail the drainage work carried out during the year.

No. of visits in connection with defective and choked drains	1,127
No. of choked drains found and cleared	154
No. of defective drains repaired	32
No. of visits in connection with Private Sanitary Surveys	7
No. of Private Sanitary Surveys carried out ..	3
Total of fees received for Private Sanitary Surveys	£15.75

As in previous years, there was an increase in the number of visits made by the District Inspectorate in connection with defective and choked drains. To provide assistance and advice to owners and their builders in dealing with drainage problems is traditionally a function of the Public Health Inspector but there is little doubt that the steady increase in the number of visits required of the Inspectorate is in no small measure due to the difficulty which owners find in securing jobbing builders willing to carry out drainage clearance and other minor drainage repairs. This situation is not peculiar to Bournemouth but appears to be a national problem and one can foresee no early change in the position.

Refuse Storage Accommodation

365 visits were made by the Public Health Inspectors in connection with the unsatisfactory storage of refuse. When reports are received that premises are not provided with satisfactory dustbins, it is usually only necessary to draw the occupier's attention to the situation for the matter to be speedily remedied. Problems are sometimes less easily solved in the case of houses in multiple occupation but where inadequate refuse storage is provided in such premises, action is normally taken under the provisions of the Housing Acts.

Nuisances

1,136 complaints were received in the Department during 1970. 611 related to defects in houses whilst the remaining 525 referred to other environmental matters such as noise, smoke, the unsatis-

factory keeping of animals, accumulations of refuse and similar subjects.

The following tables will indicate clearly that the abatement of nuisance remains one of the more important facets of the work of the Public Health Inspector.

Nuisances arising from Housing Defects

Number of defects found in houses	..	..	551
Number of verbal notices given	..	..	66
Number of verbal notices complied with	..	..	26
Number of written informal notices served	..	..	153
Number of written informal notices complied with	..	..	144
Number of formal notices served	..	..	24
Number of formal notices complied with	..	..	29
Total defects remedied	..	..	398

Other Nuisances

Number of other nuisances found	..	..	44
Number of written informal notices given	..	..	24
Number of written informal notices complied with	..	..	25
Number of formal notices served	..	..	4
Number of formal notices complied with	..	..	6

Defects Remedied

Water-closets repaired	..	..	..	18
Eaves gutters repaired	..	..	..	42
Rainwater or waste-pipes repaired	..	..	..	26
Roofs repaired	..	..	..	50
Dampness remedied	..	..	..	61
Walls repaired	..	..	..	29
Floors repaired	..	..	..	11
Windows repaired	..	..	..	69
Other repairs executed	..	..	..	138
Accumulations removed	..	..	..	29

Insect Pests

Work of disinfestation carried out by the Public Health Inspectors' assistants is an important part of the service provided by the Department.

During the year 512 wasps' nests were destroyed almost four times the total of 136 dealt with in 1969. A fixed charge of 50p. is made for the destruction of a wasps' nest.

Whilst the Department is sometimes called upon to deal with infestations of fleas and, very infrequently, bed bugs, infestations.

of cockroaches are still the town's major insect problem. The Public Health Inspectors are frequently called upon to give advice as to how to deal with this pest and during the year a sum of £208 was collected in respect of works of disinfestation carried out by the Inspectors' assistants. This figure does not include the amount rechargeable for works carried out at Corporation premises under the control of other Committees.

Rodent Control

1,414 complaints were received by the Department in connection with rodent infestation and, following investigation, 1,169 rat infestations and 36 mice infestations were dealt with. It must be emphasised that all these infestations were of a minor nature many involving no more than one or two rodents. Whilst it is perhaps as yet too early to arrive at a definite conclusion, the fact that the number of complaints is over 800 less than that received in 1969 may suggest that the work of survey which has been carried out as routine over the past few years is showing the hoped for result. A similar substantial reduction in the number of complaints received in 1971 would confirm this impression.

The survey work to which previous reference has been made continued during 1970 when 2,242 visits were made to premises from which no complaint had been received. As a result of the work, 87 minor infestations of rats were discovered and dealt with.

Treatment to eradicate rats in domestic premises is carried out free whilst a charge is made for treatment to deal with mice or rats where business premises are involved. A sum of £133 was derived from this source during 1970.

Animal Health

Pet Animals Act, 1951

20 annual licences to conduct pet shops were granted to comply with the requirements of the Act. 21 routine inspections were made to pet shops to ensure that acceptable standards were maintained. 19 samples of raw pet meat were submitted to the Public Health Laboratory for bacteriological examination.

Animal Boarding Establishments Act, 1963

Only 3 premises are licensed as animal boarding establishments and are used for the temporary accommodation of cats.

Riding Establishments Act, 1964

There are no establishments in the Borough which are properly registerable under this Act.

Diseases of Animals (Waste Foods) Order, 1957

38 routine inspections were carried out in the course of the year to check on the maintenance of satisfactory conditions at premises where persons are licensed for the boiling of swill for animal feeding purposes.

Public and Private Swimming Pools and Paddling Pools

There are four public swimming pools in the town, three are owned by the Council whilst the Linden Hall Pool is in private ownership. The waters of all four baths are treated using the continuous filtration and chlorination method of purification which provides a very satisfactory standard of water except in the most unusual of circumstances.

During 1970 samples of water taken from these baths gave consistently good results.

For many years it has been the practice to sample water in swimming baths at our schools and at private hotels, every month. This practice was continued during 1970 but the large increase in the number of hotels providing private pools as an amenity for residents and guests has greatly increased the work and imposed some strain on Inspectorial and laboratory staff time. It is considered essential to maintain sampling at a high level at both public baths and school swimming baths but the need to use professional services for environmental health responsibilities of greater priority may mean that sampling at private hotel pools will be reduced in 1971. The Council has little statutory control over such private pools but there is a clear responsibility on the owners of hotels to make their own checks that the water in the pool and the

immediate environs of the bath are maintained in such a fashion as to create no risk for their customers.

428 samples of water from swimming pools were taken during the course of the year.

Hairdressing Establishments

At the end of the year there were 267 hairdressers registered by the Council under Section 55 of the Bournemouth Corporation Act, 1960, to conduct their businesses from registered premises whilst a further 61 persons were registered as travelling hairdressers.

181 routine visits to hairdressing establishments were made to ensure that the requirements of the Council's Byelaws were observed.

Sale of Poisons

There are 120 traders, mostly ironmongers and grocers, included in the Council's List of persons entitled to sell poisons scheduled in Part II of the Poisons List. 28 visits were made by the Public Health Inspectors during the year in connection with such sales.

Public Conveniences

The Council owns 186 public conveniences of which 166 are administered and maintained by the Health Department. No new permanent buildings were provided during 1970 but the Council purchased two additional mobile conveniences, one to provide accommodation for ladies and the other to be used by gentlemen. The construction works at present being carried out in the vicinity of the Lower Gardens necessitated providing for a long period mobile temporary conveniences to replace conveniences which had to be demolished. The committee wished to have available caravans to supplement existing facilities during the summer season and it was therefore necessary to acquire the additional mobile conveniences.

The Council's declared policy of improving existing public conveniences where possible was again implemented throughout the year. In several conveniences it was possible to provide additional washing facilities and improvements in the lighting of

several buildings were also carried out. The Department, for the first time, used a new type of wall decoration which involves applying material by spray which is subsequently glazed. This has proved an extremely successful treatment in public conveniences and has an additional advantage that it may successfully be applied to glazed brick walls. The effect in some of the older buildings in the town has been to substantially brighten the traditional brown glazed brickwork. Doors have also been faced in many conveniences with laminated impervious material which reduces maintenance costs, facilitates cleansing and helps to prevent defacement.

One mobile convenience was loaned to a local authority for use at the Isle of Wight Pop Festival. It was positioned in a built-up area along the road visitors used when leaving the Island. This co-operative attitude by the Council enabled the Local Authority concerned to provide first class-temporary accommodation at a very important situation.

The receipts from public conveniences under Health Department control during 1970 were as follows :—

<i>Source</i>						<i>Amount</i>		
						£	s.	d.
Coin locks	..	..	..	..	..	13,576	10	11
Wash and brush up rooms	..	..	..	..	..	348	9	4

Legal Proceedings

The following legal proceedings were taken in 1970 :

<i>Proceedings under</i>	<i>For</i>	<i>Result</i>
Section 2, Food and Drugs Act, 1955	Selling a mouldy sausage roll	Fined £20. Costs £10.
Milk and Dairies Regulations, 1959	Use of a dirty milk bottle	Fined £20. Advocates Fee £10.
Clean Air Act, 1956	Emitting dark smoke	Case dismissed
Section 39 and Section 93, Public Health Act, 1936	Failure to comply with Statutory Notices	Fined £5. Nuisance Order made.
Section 93, Public Health Act, 1936	Failure to comply with Abatement Notice	Nuisance Order made. £10 costs.
Food Hygiene (General) Regulations, 1960	Failure to comply with Regulations on 14 counts	Fined £110. £30 costs.



COUNTY BOROUGH OF BOURNEMOUTH

EDUCATION COMMITTEE

Annual Report

of the

Principal
School Medical Officer

Year 1970

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have pleasure in submitting my seventeenth Annual Report as Principal School Medical Officer to the Education Committee, the sixty-third in a series dealing with the health of the children attending your schools.

The general health of the children has remained uniformly good and the great majority of them are a credit both to their parents and the educational system of the Borough.

Two small groups, however, give rise to concern, the group of "handicapped" children who are relatively static in number but whose needs become ever more difficult to satisfy in our thrusting society, and the group of inadequate children who fall easy victims to drug addiction, promiscuity and general lack of self-discipline. This latter group is probably quite small, though reliable information is unobtainable, and the first few years after leaving school seem to provide a sterner test of character. Whether one may expect more permissive attitudes to extend in our schools, or what the effect of a raising of the school leaving age may be it is impossible to tell, but Health Education can only help in a limited way. Good parental relationships are even more necessary today than they were in the past, and active parent-teacher groups are to be encouraged.

Arrangements have already been set in motion for the transfer of the Junior Training Centre in Alma Road from the Health to the Education Department on April 1st, 1971, and from that date it will become an integral part of the Borough's Educational System and designated as a special school for handicapped pupils. The link with the Alma Road Day School for E.S.N. children will then become even closer.

Shortage of staff has led to difficulties in maintaining the statutory medical examinations of school children at their former level and caused delay in implementing the decisions to make all medical examinations on a selective basis. Unfortunately part-time medical officers with the necessary training and experience are in as short supply as full-time practitioners.

The important vaccination and immunisation programme in the schools has been maintained at as high a level as possible in view of its voluntary nature and compares very favourably with the national level. There are signs, however, that parents are becoming a little complacent in regard to diseases which for years have been absent from the local community, but could return and play havoc if that community was unprotected.

The Health Education Officer has continued his outstanding work in the schools and with youth groups, working always through the Head Teachers and Youth Leaders, and this work will be extended as circumstances allow.

My thanks are due to all members of the School Health Service and to the Head Teachers of your schools for their willing co-operation.

I am,

Yours faithfully,

WILLIAM FIELDING

SCHOOL HEALTH SERVICE STAFF

(As at 31st December, 1970).

Principal School Medical Officer :

WILLIAM FIELDING, B.Sc., M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

Deputy Principal School Medical Officer :

JOHN G. MEADOWS, M.B., Ch.B., D.P.H.

School Medical Officers :

PAULINE K. KEATING, L.R.C.S.(I), L.R.C.P.(I), L.M., D.C.H. (SENIOR)

J. J. PHILLIPS, M.B., Ch.B.

ANNETTE S. RAIKES, L.R.C.P., M.R.C.S.

Principal School Dental Officer :

MRS. M. B. REDFERN, L.D.S.

School Dental Officers :

Mrs. S. M. ATTWELL, B.D.S., L.D.S., R.C.S.

F. E. LOCKWOOD, B.D.S.

Dental Surgery Assistants :

MISS H. ALLEN, MRS. J. B. BULLEN, MRS. C. A. FERRIS,

MISS F. R. HICKMOTT

Consultant Children's Psychiatrist (Part-time) :

*R. F. ZINNA, M.D. (Naples), DIP.PSYCH. (McGill), AMER.B.P.N.

Psycho-Therapist :

A. W. EDWARDS

Senior Educational Psychologist :

IAN R. FERGUSON, M.A., M.Ed.

Assistant Educational Psychologist :

MISS M. HERGETT, D.PHIL., A.A.P.S.W.

Psychiatric Social Workers :

H. S. LOVEJOY

Ophthalmic Surgeons (Part-time) :

*R. B. de SARAM, M.B., B.S.(Lon), F.R.C.S., D.O.

*G. G. K. HOLDING-PARSONS, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.O.

*RALPH F. JONES, M.B., B.S., F.R.C.S., D.O.

Orthoptist (Part-time) :

*MISS A. P. FIELD, D.B.O.

Orthopaedic Surgeons (Part-time) :

*Services provided by Surgeons from the Royal Victoria Hospital,
Boscombe.

Physiotherapist-in-charge :

*MRS. E. SIMPSON, M.C.S.P.

Assistant Physiotherapists :

*MRS. H. HUGHES, M.C.S.P. *MRS. B. WIGMORE, M.C.S.P.

Senior Speech Therapist :

MISS M. THOMAS

Speech Therapists :

MRS. E. FOX MRS. P. MARRION

Chief Nursing Officer:

MISS L. E. ROBERTS

Deputy Chief Nursing Officer for Health Visiting:

MISS G. F. GRACE

Health Visitors and School Nurses :

MISS K. H. BEAUMONT	MRS. S. M. MONEY-KYRLE
MISS R. R. BELL	MISS M. PEAKMAN
MISS J. BERRY	MRS. J. PRICE
MISS D. E. BLUNDSTONE	MISS P. M. ROSE
MRS. E. R. BOND	MISS M. ROUTH
MRS. C. M. BRIXEY	MISS M. R. Y. SMITH
MISS F. DARLINGTON	MISS G. D. THOMAS
MISS C. C. FORBES	MISS E. M. P. WARD
MRS. B. GEACH	MRS. J. WILKINSON
MISS A. JOHNSON	

Clerk in charge of School Health Service Section :

F. J. GOODE

Clerks :

MISS C. LANGDOWN J. W. PEAKE

*Employed by the Wessex Regional Hospital Board.

SCHOOLS AND SCHOLARS

Number of Primary Schools	.. .. .	32
Number of Secondary Modern Schools	.. .. .	10
Number of Secondary Grammar Schools	.. .. .	2
Number of Special Schools	.. .. .	3
Average attendance	.. .. .	16,569
Average number on School Registers	.. .. .	17,928

A TABLE SHOWING THE NUMBER AND NATURE OF THE DEFECTS FOUND DURING EXAMINATION OF CHILDREN IN THE PRESCRIBED AGE-GROUPS AND OF OTHERS "PERIODICALLY INSPECTED"

DEFECTS	Children Aged 5 769		Children Aged 10 519		Children Aged 14 639		Other Periodic Inspections 1462	
	Treat- ment	Obser- vation	Treat- ment	Obser- vation	Treat- ment	Obser- vation	Treat- ment	Obser- vation
Skin	23	7	12	2	60	7	43	22
Eyes :—								
(a) Vision	24	—	70	—	105	—	103	3
(b) Squint	39	—	1	—	4	—	45	—
(c) Other	4	—	3	22	8	12	9	18
Ears :—								
(a) Hearing	3	9	7	6	1	2	16	8
(b) Otitis Media	2	—	1	—	—	—	2	—
(c) Other	4	3	—	2	—	—	2	5
Nose or Throat	14	78	7	16	4	12	26	127
Speech	9	12	4	4	1	1	16	19
Glands	1	25	—	4	—	7	—	57
Heart	1	7	—	2	—	4	5	12
Lungs	7	9	8	—	5	2	14	18
Developmental :—								
(a) Hernia	2	—	—	—	—	—	3	—
(b) Other	9	7	22	1	13	10	26	18
Orthopaedic :—								
(a) Posture	1	9	4	2	10	17	7	15
(b) Feet	19	5	12	—	12	5	37	10
(c) Other	1	5	1	—	4	5	5	2
Nervous System :—								
(a) Epilepsy	1	—	1	—	3	—	1	—
(b) Other	1	—	2	—	1	—	2	—
Psychological :—								
(a) Development	13	19	16	16	1	4	23	29
(b) Stability	3	5	6	2	2	3	3	11
Abdomen	2	—	1	—	—	2	4	4
Other	—	—	—	—	—	—	2	—
	183	200	178	79	234	93	394	378

THE MEDICAL INSPECTION OF SCHOOL CHILDREN

During 1970, shortage of medical staff unfortunately delayed the re-organisation of school medical inspections with an all-selective pattern and in fact routine inspections had to give precedence to needs of the vaccination and immunisation programme. Every effort was, however, made to maintain the medical examinations of entrants and intermediate groups and the leavers group suffered most of all.

It is hoped that next year will see an improvement in the staffing position.

FINDINGS ON MEDICAL INSPECTION

(a) *Uncleanliness*

54 cases of personal uncleanliness were discovered, including a few cases of infestation by lice. These cases tend to be grouped, and occur mainly among large "problem" families living under overcrowded conditions.

(b) *General Physical Condition*

Only 6 children seen in 3,389 routine medical examinations fell below the average standards of physique and build for their age groups. This is a remarkable tribute to the benefits of the Welfare State generally and to the ability of parents to put first things first.

(c) *Defective Vision*

8.9% of all children examined were found to be suffering from defective vision and were referred for further investigation either to the Special Eye Clinics or to the oculist of their parents' choice. Parental co-operation was extremely good, and of the 333 children attending the Eye Clinics for the first time 143 were recommended to wear spectacles.

65 new cases of squint attended the Orthoptic Clinic at 'Avebury' and 19 children had a corrective operation.

(d) *Defects of the Nose and Throat*

164 children received operative treatment for enlarged tonsils and adenoids, compared with 245 in 1969.

(e) *Defective Hearing*

The excellent arrangements previously described at the Hearing Assessment Clinic of the Poole Authority have continued to be available to Bournemouth schoolchildren, and during the year 7 children attended for assessment and at the end of the year 6 boys and 4 girls attended the Partially Hearing Unit.

(f) *Treatment of Children in Hospital*

The following information was given in hospital discharge reports received during the year :—

<i>Group of Diseases</i>						<i>No. of Children</i>
1. Infections or Parasitic Diseases	..	..	..	..	..	1
2. Neoplasms (a) Benign	..	..	..	..	..	—
(b) Malignant	..	..	..	..	..	—
3. Allergic, Endocrine, Metabolic and Nutritional	..	..	..	..	..	—
4. Diseases of blood and blood forming organs	..	..	..	..	..	1
5. Mental, Psychoneurotic	..	..	..	..	..	—
6. Diseases of Nervous System and Special Senses	..	..	..	..	..	23*
7. Diseases of Circulatory System and Lymphatics	..	..	..	..	..	1
8. Diseases of Respiratory System	..	..	..	..	..	180†
9. Diseases of Digestive System	..	..	..	..	..	62
10. Genito-Urinary System	..	..	..	..	..	44
11. Skin and Cellular Tissues	..	..	..	..	..	9
12. Bones, etc.	..	..	..	..	..	28
13. Accidents, Poisoning and Violence	..	..	..	..	..	74

*Includes 19 operations for "squint".

†Includes 164 cases for tonsillectomy.

There is extremely good co-operation between the Consultant Paediatrician and the School Health Service, and in the case of any child hospitalized for a lengthy period, special educational arrangements have been made through the Director of Education.

LIST OF CLINICS HELD FOR SCHOOL CHILDREN

A 9

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Dental Clinics					
Central : 10 Madeira Road	MORNING AND AFTERNOON Do. Do. Do.	MORNING AND AFTERNOON Do. Do. Do.	MORNING AND AFTERNOON Do. Do. Do.	MORNING AND AFTERNOON Do. Do. Do.	MORNING AND AFTERNOON Do. Do. Do.
East Howe : Hadow Road					
Pokesdown : 896 Christchurch Road					
Charminster : East Way					
Eye Clinics					
Central : 10 Madeira Road	MORNING — —	— — —	— — MORNING	— MORNING —	MORNING — —
Charminster : East Way					
West Howe : Cunningham Crescent					
Child Guidance Centre					
844 Wimborne Road	MORNING AND AFTERNOON	MORNING AND AFTERNOON	MORNING AND AFTERNOON	MORNING AND AFTERNOON	MORNING AND AFTERNOON
Speech Therapy Clinics					
Charminster : 468 Charminster Road	AFTERNOON	—	—	MORNING AND AFTERNOON	—
Pokesdown : 896 Christchurch Road	MORNING AND AFTERNOON	—	—	—	MORNING
Avebury : 10 Madeira Road	—	—	—	—	MORNING
East Howe : Hadow Road	MORNING AND AFTERNOON MORNING	— —	— —	— —	—
Pelhams : Millhams Road, Kinson		AFTERNOON	—	—	—
Stewart Road	—	—	—	—	AFTERNOON
West Howe : Cunningham Crescent	—	MORNING AND AFTERNOON MORNING AND AFTERNOON	—	MORNING	—
Winton & Moordown : 844 Wimborne Rd.	—		—	—	—

Children's Orthopaedic Clinic, 70 Stewart Road .. Surgeon's sessions — Friday Mornings. Physiotherapy — daily by appointment.

ORTHOPAEDICS

Weekly orthopaedic clinics continued at Stewart Road under the supervision of the Consultant Orthopaedic Surgeon of the Bournemouth and East Dorset Hospital Management Committee, and a continuous physiotherapy service was available during the week.

As this is primarily a hospital clinic, not all the children attended local authority schools, though a high proportion do so, and it has the great advantage that appointment delays are minimal and physiotherapy is immediately available.

As before, the majority of defects concerned the feet and knees, together with some postural defects, and the attendances were as follows :—

Number of scholars seen by the surgeons	487
Number of new cases	161
Total number of attendances	756
Number of cases discharged	143

Defects found :

Genu Valgum/Genu Varum and other knee defects ..	172
Spastic conditions	2
Deformities of the foot	270
Other conditions	43

Physiotherapy attendances totalled 1,696.

SPEECH THERAPY

Defective speech has continued to be one of the commonest forms of handicap among schoolchildren, and the following statistics have been provided by Miss M. Thomas, Senior Speech Therapist :—

Number of children on register 1.1.70 ..	276
Number of new cases during 1970 ..	137
Number of discharges during 1970 ..	159
Number of children on register 31.12.70	254
Total children treated during 1970 ..	413

B.C.G. VACCINATION

During 1970 children of 11 years of age and above were offered B.C.G. vaccination against tuberculosis as recommended by the Department of Health and Social Security. By the end of the year, 1,346 children had been Heaf tested; of these 1,218 were found to be lacking protection against the disease and were therefore vaccinated. In addition, 35 children were vaccinated as contacts.

CHILD AND FAMILY GUIDANCE CENTRE

I am indebted to Mr. Ian R. Ferguson, M.A., M.Ed., Senior Educational Psychologist, for the following information :—

Staffing

1970 was a difficult year for Child Guidance in Bournemouth. Our persistent inability to fill our Social Work vacancies threw a considerable strain on the rest of the staff, and resulted in a decline in the quality and continuity of the service which could be provided to the community. It was not always possible to provide adequate Social Histories, nor educational assessments, and diagnostic procedures were frequently rushed. Reviews were invariably postponed and telephone calls frequently had to take the place of interviews at the Centre, home visits and visits to schools. Supportive casework by a Psychiatric Social Worker could not be provided between reviews with the Psychiatrist, and each review made greater demands on the Psychiatrist's time than is normal when the review is conducted jointly by Psychiatrist and P.S.W.

Communication with residential schools where Bournemouth children have been placed was also affected adversely.

Dr. Zinna, our Consultant Psychiatrist, was necessarily absent from the Centre in the earlier part of the year, and again towards the end of it. Dislocation of the work at the Centre was reduced to some extent during these absences by the appointment of Dr. J. J. O'Reilly by the Wessex Regional Hospital Board as a locum for two sessions per week during the major part of these periods. Dr. Jeannie Stirrat, former Consultant Psychiatrist at the Centre, continued throughout the year to provide a weekly liaison session with the Paediatric Department of Poole Hospital, where she

continues to give psychiatric coverage. The responsibility for the supervision of children she has treated at the Hospital is transferred, where appropriate, to Bournemouth Child Guidance Centre.

Miss M. Hergett, who was seconded for a year's Course in the previous September, successfully completed her Diploma Course in Educational Psychology at Birmingham University, and returned from the Course on 10th August.

Our Senior Social Worker, Miss Berry Harrison, resigned her appointment with effect from the 28th June, after almost six years of arduous and selfless service to the Centre. During much of this time she was the only Social Worker at the Centre. She left in order to get married and she and her husband are now resident in Malaya. Her departure created an acute problem which has not yet been solved, leaving as it did the two full-time Social Worker posts unfilled. Both remained unfilled at the end of the year. Attention should be drawn also to the fact that the Consultant Case Worker post in the School Psychological Service has continued to remain unfilled throughout the year — an appointment to this post would, to a certain extent, relieve pressures occasioned by staff shortage in the Centre itself.

Following an Establishment Committee Meeting on the 29th September, the second full-time Psychiatric Social Worker's post was re-graded to include permission to second a partially-qualified Officer for further training. At the end of the year, there were indications that a suitable Trainee Social Worker might be recruited to fill this vacancy.

On November 2nd, we were fortunate in securing the service of Mrs. Pamela Gass, A.I.M.S.W., to fill the part-time Social Work vacancy which, with the exception of a period of less than four months in 1967, had long remained unfilled. Mrs. Gass is a qualified Medical Social Worker, who had, prior to her marriage, had experience as a Senior M.S.W. at St. James' Hospital, Clapham. Unfortunately, owing to family commitments, she is able to work half-time only during school terms, working only two sessions a week during school holidays.

Miss L. Frenkel, who had been appointed the previous October temporarily to the second full-time P.S.W. post, returned to South Africa during March, where she subsequently married.

There have been changes also in the clerical staff in 1970. Miss J. Holleyhead left in March, her place being taken by Mrs. C. Davies on 13th April. Our other full-time secretary, Miss K. Hayward, left the Centre in December to take up a new career in Nursing. Her place was taken by Miss V. Greener, who commenced work on 21st December.

Cases

The number of new cases referred in 1970 fell by 62 to 229 from the previous year's total, which was the highest in the last ten years. The fall in the number of cases actually seen was greater. This decline is seen, not as an indication of a falling demand for Child Guidance, but largely as a reflection of a realisation on the part of most of the agencies which refer to Child Guidance, of our inability, with our depleted staff, to cope with referrals. In spite of the reduction of referrals, the size of the waiting list remained at the end of 1970 much as at the end of the year before — a total of 57 as compared with 55 in 1969. Owing to the large number of serious cases, which it was felt, required immediate or early assessment, the duration of the waiting period for assessment rose for other cases to over seven months. Reviews of existing cases were also in a very unsatisfactory situation, being, by December, four months in arrears, i.e. a patient who should have been seen again after two months usually had to wait six months unless a crisis developed in the interim. Thus, for many of our clients it was impossible to provide the sort of continuous contact and support which is necessary. Only for the proportion of children who were considered suitable for psychotherapeutic treatment with Mr. Edwards, was it possible to provide adequate continuity. In the course of the year Mr. Edwards saw 92 different children, and 648 appointments were actually kept by his clients. The increase in the number of cases open at the end of the year relative to the previous one, is seen partly as a product of our inability to spare time to complete closure enquiries for cases which had become relatively inactive.

The sharp rise in the number of referrals by General Practitioners in 1969 from 50 to 71 was followed by an equally sharp drop to 48 in 1970. Referrals by Head Teachers fell by 23 to 48, and the number referred by the Juvenile Court from 11 to 3. This last is due to the increased tendency for cases requiring psychiatric assessment to be

referred by Probation Officers or the Children's Officer prior to actual Court appearance, although a report to the Court was in some cases required subsequently. The number of secondary school children referred, including those at Grammar School and those who had left school, rose from 92 to 131 in 1969, but declined in 1970 to 85. Referrals in the pre-school and primary age groups were more stable.

Figures do not reveal the full extent of the difficulties of the past year. In many cases, it was impossible for the full Child Guidance assessment procedure to be put into practice. This involves the taking of a detailed Social History by the P.S.W., intelligence and educational evaluation by the Educational Psychologist, and a psychiatric assessment followed by a team consultation and interview with the parents.

Dr. Zinna had frequently to see new patients and their parents without the benefit of information from the rest of the team. He also had to review cases frequently without a P.S.W. to see the child's parents again at the same time. Since June, the administrative work normally done by Social Workers, planning the weekly programme, and making contacts with clients and other agencies regarding cases, fell on myself as Senior Educational Psychologist, dramatically reducing the time available for my normal work, and contacts with the schools. The work of the School Psychological Service suffered even more acutely than the contacts with schools regarding Child Guidance cases.

Training

Staff shortages precluded much activity in this field, but Mrs. J. Wood, a Southampton teacher, who was attending a Diploma Course in Educational Guidance at the University of Reading, was attached to the Clinic for three weeks of observation and instruction in January.

Liaison with Schools for Maladjusted Children

Miss Harrison and Dr. Zinna visited Westbourne School on a fortnightly basis during term, and Dr. Zinna continued on this basis after Miss Harrison's departure in June, seeing pupils and parents with the headmaster, Mr. Lawrence, as appropriate. A few

of the pupils there continue to receive psychotherapy from Mr. Edwards at the Clinic Guidance Centre.

Dr. Zinna continued to provide psychiatric cover at the Bicknell School on a weekly basis during term, including discussions of problems with the headmaster, Mr. Mitchell, and the staff. During the year he saw 20 pupils individually for a varying number of times.

Intelligence and educational re-assessments at Westbourne and Bicknell Schools were continued by myself, visiting each school once a fortnight until the end of the summer term. Thereafter, Miss Hergett visited the schools also on the alternate weeks.

IAN R. FERGUSON

Senior Educational Psychologist.

CHILD AND FAMILY GUIDANCE CENTRE

Annual Report

31st December, 1970

Year 1970

New Cases referred (including re-opened cases)	229
New Cases seen (including re-opened cases)	163
Uneventuated	19
Cases Closed	142
Cases Re-opened	31
Total number of children seen	267
At 31.12.70	
Open Cases	415
Awaiting preliminary investigation	47
Awaiting Psychiatric investigation	10

Source of Referrals

School Medical Officers	39
General Practitioners	48
Head Teachers	32
Parents	32
Consultants	18
Children's Officer	16
Probation Officer	3
School Psychological Service	15
Juvenile Court	3
Education Welfare Officer	6
Miscellaneous	17

229

Age Group of Referrals

Pre-school	27
Primary	117
Secondary	70
Grammar	9
Left School	6

229

Reasons for Referrals

Behaviour difficulties	158
Psychosomatic symptoms	14
Educational problems	25
Nervous symptoms	29
Speech problems	3

229

Closures

Improved by treatment	48
Parents unable to co-operate	20
Not responsive to treatment	7
Advice only	29
Left school	12
Transferred to other agencies	14
Moved from area	11
Satisfactory	1
Court Report only	—

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IMMUNISATION AGAINST INFECTIOUS DISEASES

Arrangements have continued for the protection of school children against diphtheria, whooping cough, tetanus, poliomyelitis, measles, smallpox and tuberculosis in accordance with the schedule recommended by the Department of Health and Social Security. Since September 1970, as a result of recommendations made by the Joint Committee on Vaccination and Immunisation, the Department of Health and Social Security has made rubella (german measles) vaccination available to all girls aged between 11 and 14 years, but, due to the present restriction on vaccine, girls of 13 years of age have been given priority. As a result of this scheme, 450 girls were vaccinated during 1970, either by general practitioners or at school.

During the year, protection was given as follows :—

	<i>Primary</i>	<i>Booster</i>
Diphtheria	0	0
Diphtheria/Tetanus	0	1672
Diphtheria/Whooping Cough/Tetanus (Triple) ..	37	0
Tetanus	0	324
Poliomyelitis	52	2043
Smallpox	45	1314
Measles	463	—
Rubella	450	—

B.C.G. vaccination against tuberculosis was given to 1,218 school children in addition to 35 others dealt with as contacts.

NOTIFICATION OF INFECTIOUS DISEASES

The following relate to school children :—

Measles	91
Whooping Cough	14
Scarlet Fever	6
Food Poisoning	2
Scabies	52
Dysentery	2
	<hr/>
	167
	<hr/>

There were no notifications of tuberculosis.

FOLLOWING UP

Most valuable work is done by the school nurses in the general follow-up of children found to have defects or who have recently been ill. By home visits the nurse is able to give helpful advice to the parents and can satisfy herself that treatment has been sought from the general practitioner and his advice carried out.

The School Nurses recorded the following reasons for home visits:—

	<i>No.</i>
Eye defects	98
Ear, Nose and Throat conditions ..	95
Skin complaints	47
Uncleanliness	65
Miscellaneous	428
	<hr/> 733 <hr/>

Exclusion from School

3 scholars were excluded from school during 1970 for uncleanness, 1 with scabies and 1 because of behaviour problems.

Open-Air Education

Two girls and one boy were recommended for admission to a residential open air school during 1970.

SCHOOL MEALS SERVICE

38 Centres are in use for the provision of meals and the number of children attending on an average day in September was 12,304 out of 16,999 children attending school that day. 1,504 of these meals were provided free. On the same day 9,815 children received milk in school (one-third pint each).

STAFF EXAMINATIONS

34 lecturers and school teachers were examined by the medical staff, as a condition of appointment, and 138 applicants for entry to Colleges of Education.

EMPLOYMENT OF SCHOOL CHILDREN

A total of 482 children aged 13 or more who wished to be employed outside school hours were medically examined by the School Medical Officers. All were considered to be fit.

The occupations proposed were :—

Errand Boys	..	..	..	..	9
News boys	..	..	..	..	292
News girls	..	..	..	..	123
Shop assistants	..	..	..	..	47
Other..	..	..	..	..	11

1 other child was granted a medical certificate as being fit to take part in public entertainment.

HANDICAPPED CHILDREN

Handicapped children form a small (3·5%) though very important part of the school population. They are important because detected early and treated adequately, both in a medical and an educational way, they can in certain cases achieve parity with their more favoured fellows; important also because if neglected they may not only achieve little themselves but may detract from the progress of others.

It is therefore vital that from infancy onwards the developmental progress of a child should be kept constantly under review by the keenest training available, be they doctors, teachers, psychologists or parents and that the team spirit should guide each step on the road to progress. Far too often it is parents who frustrate long-term plans for no good reason or for no reason at all, and yet their whole-hearted co-operation is an essential ingredient of success. Special educational facilities are both scarce and expensive and the timing of events is often critical; only through the closest co-operation can success be achieved and a handicapped child fulfil his true potential.

During the last few years the developmental assessment of pre-school children from infancy onwards has assumed increasing importance in Infant Welfare Clinics, and the same doctors follow these children through school life, working closely with the family

doctor, the consultant paediatrician and the educational services. The Handicapped Children's Review Panel meets at monthly intervals to discuss the progress of individual children, and includes in its membership the Youth Employment Officer and the Disablement Resettlement Officer from the Ministry of Labour, and in this way the child is helped for at least the first year or two of his working life. Even so there are cases, particularly of mental subnormality where it is extremely difficult to place a school leaver in suitable work and in times of increasing unemployment the difficulties are immeasurably increased.

HANDICAPPED PUPILS

Category	Ascertainment		Special Schools*			
	New cases ascertained during 1970	Number on Register, 31.12.70	Number recommended during the year for admission	Number admitted during the year	Number attending 21.1.71	Number awaiting placement 21.1.71
Blind	—	2	—	—	2	—
Partially Sighted	—	4	1	—	4	—
Deaf	—	5	—	2	5	—
Partially Hearing	3	26	1	—	2	—
Delicate	4	7	3	4	2	—
Physically Handicapped	2	26	—	—	18	—
Educationally Sub-normal	30	179	26	17	121	7
Maladjusted	35	125	28	26	94	10
Epileptic	—	—	—	—	—	—
Speech Defective	137	254	1	—	1	1
Totals	211	628	60	49	249	18

* Includes boarding houses or hostels and independent schools : excludes Hospital Schools.

Report by Mrs. M. B. Redfern, L.D.S., Principal School Dental Officer

During 1970 the staffing position in the School Dental Service improved and for most of the year all clinics were working at almost full strength. This has been reflected in the improved figures for treatment undertaken. The demand for treatment in the School Dental Service continues to rise, which together with the increased incidence of dental caries, puts a great strain on the capacity of the clinics to give an adequate service to all those seeking treatment.

All but four schools were inspected during the year and the proportion of children referred for treatment remains substantially the same as in the previous year. Considerable difficulty is experienced in ensuring that the consent forms issued to boys and girls of secondary school age are signed by the parents and returned to the school. Whether this is due to apathy on the part of the parents or evasion on the part of the pupils it is difficult to say, but whatever the reason failure to complete and return the forms makes it impossible to ensure that these young people do receive the regular dental treatment which they need. There was a decrease of a hundred in the number of children found to be caries-free but exact comparisons cannot be made because of the schools which did not have a Dental Inspection during the year. There does, however, seem to be a slight but definite improvement in the dental condition of the five-year-old school entrants, a trend which it is hoped will continue.

There was a substantial increase in the number of new orthodontic cases started during the year, and in completed cases. This reflects the interest that parents and children now take in the importance of evenly spaced teeth. Not only does this have a psychological effect on the child but contributes considerably to the health of the mouth and consequently of the patient. Of the 533 permanent teeth extracted almost 85% were teeth extracted for orthodontic reasons.

The Mobile Dental Clinic was in almost constant use during term time and has proved of great benefit in reducing time lost from school for treatment, and also in helping the nervous and apprehensive child to accept treatment in the familiar atmosphere of school. Particularly in the Primary Schools it is often possible to establish good liaison between the school staff and the dental staff which can greatly facilitate the handling of difficult patients. A

total of 171 treatment sessions was worked in the Mobile Clinic during the year and I am indeed grateful to the ambulance personnel who tow and service the caravan and to the Health Department plumbers who connect and disconnect services each time it is moved.

Dental Health Education

Due to pressure of demand for clinical treatment the number of sessions devoted to Dental Health Education by dental officers continues to decline, the bulk of the work now being undertaken by the Health Education Department.

There has been an increase in the number of schools selling apples and it is hoped to enlarge the scheme next autumn when supplies of English-grown apples become available again. This scheme not only encourages the consumption of apples instead of sweets and biscuits, but presents very few practical difficulties in the schools and has been welcomed by parents in the schools concerned.

Finally, I should like to thank all members of the dental and medical staff for their loyalty and co-operation. I am also grateful to the Head Teachers and staffs of all our schools, to the Chief Nursing Officer and her staff and the Health Department clerical staff and the Consultants and staff of the hospital for the facilities they provide.

Medical Inspection and Treatment

Return for Year ended 31st December, 1970

Number of pupils on registers of maintained primary, secondary, special and nursery schools in January 1971 :

(i) Form 7 Schools	..	..	..	..	18,280
(ii) Form 7M	..	..	..	..	193
(iii) Form 11 Schools	..	..	..	..	—
TOTAL	..	..	..	..	18,473

PART 1

**MEDICAL INSPECTION OF PUPILS ATTENDING
MAINTAINED PRIMARY AND SECONDARY SCHOOLS
(INCLUDING NURSERY AND SPECIAL SCHOOLS)**

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of Birth)	No. of Pupils who received a full medical examination (2)	Physical Condition of Pupils Inspected		No. of Pupils found not to warrant a medical examination (5)	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		for defective vision (excluding squint) (6)	for any other condition recorded at Part 2 (7)	Total individual pupils (8)
		No. (3)	No. (4)				
1966 and later	116	116	—	—	3	29	30
1965	769	768	1	—	24	157	163
1964	764	763	1	—	19	159	158
1963	192	192	—	—	8	47	49
1962	54	53	1	—	5	14	14
1961	44	43	1	—	3	10	13
1960	286	285	1	670	38	70	95
1959	233	233	—	335	32	28	31
1958	83	83	—	—	20	12	18
1957	40	40	—	—	4	3	6
1956	6	6	—	—	1	4	4
1955 and earlier	802	801	1	—	145	143	261
TOTAL	3,389	3,383	6	1,005	302	676	842

Col. (3) total as a percentage of Col. (2) total 99.82% Col. (4) total as a percentage of Col. (2) total 0.18%

TABLE B — OTHER INSPECTIONS

Number of Special Inspections	..	..	..	..	..	910
Number of Re-inspections	..	..	..	..	..	17
						<hr/>
TOTAL	..	..	..			927
						<hr/>

TABLE C — INFESTATION WITH VERMIN

(a) Total number of examinations of pupils in schools by school nurses or other authorised persons	..	..	..	..	24,425
(b) Total number of individual pupils found to be infested	..				54
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	..				NIL
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	..				NIL

PART II.— DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS DURING THE YEAR

Defect Code No. (1)	Defect or Disease (2)				Periodic Inspections				Special Inspec- tions
					Entrants	Leavers	Others	Total	
4	Skin	T	O		23	60	55	138	6
					7	7	24	38	1
5	Eyes—(a) Vision ..	T			24	105	173	302	25
		O			—	—	3	3	4
	(b) Squint ..	T			39	4	46	89	5
		O			—	—	—	—	—
	(c) Other ..	T			4	8	12	24	—
		O			—	12	40	52	4
6	Ears—(a) Hearing ..	T			3	1	23	27	17
		O			9	2	14	25	6
	(b) Otitis Media	T			2	—	3	5	—
		O			—	—	—	—	—
	(c) Other ..	T			4	—	2	6	—
		O			3	—	7	10	—
7	Nose and Throat ..	T			14	4	33	51	6
		O			78	12	143	233	13
8	Speech... ..	T			9	1	20	30	1
		O			12	1	23	36	3
9	Lymphatic Glands ..	T			1	—	—	1	—
		O			25	7	61	93	4
10	Heart	T			1	—	5	6	1
		O			7	4	14	25	2
11	Lungs	T			7	5	22	34	3
		O			9	2	18	29	3
12	Developmental—:								
	(a) Hernia ..	T			2	—	3	5	1
		O			—	—	—	—	—
	(b) Other ..	T			9	13	48	70	4
		O			7	10	19	36	—
13	Orthopaedic :—								
	(a) Posture ..	T			1	10	11	22	—
		O			9	17	17	43	1
	(b) Feet... ..	T			19	12	49	80	10
		O			5	5	10	20	3
	(c) Other ..	T			1	4	6	11	4
		O			5	5	2	12	—

T = Defects found to require treatment.

O = Defects requiring observation only.

Defect Code No. (1)	Defect or Disease (2)	Periodic Inspections				Special Inspec- tions
		Entrants	Leavers	Others	Total	
14	Nervous System :—					
	(a) Epilepsy .. T	1	3	2	6	3
	O	—	—	—	—	—
	(b) Other .. T	1	1	4	6	—
	O	—	—	—	—	—
15	Psychological :—					
	(a) Development T	13	1	39	53	11
	O	19	4	45	68	5
	(b) Stability .. T	3	2	9	14	2
	O	5	3	13	21	1
16	Abdomen T	2	—	5	7	1
	O	—	2	4	6	—
17	Other T	—	—	2	2	1
	O	—	—	—	—	—

T = Defects found to require treatment.

O = Defects requiring observation only.

PART III

TREATMENT OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS (INCLUDING
NURSERY AND SPECIAL SCHOOLS)

TABLE A — EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	4
Errors of refraction (including squint) ..	1,051
Total	<u>1,055</u>
Number of pupils for whom spectacles were prescribed	484

TABLE B — DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment :—	
(a) for diseases of the ear	25
(b) for adenoids and chronic tonsillitis	164
(c) for other nose and throat conditions	9
Received other forms of treatment ..	10
Total	<u>208</u>
Total number of pupils in schools who are known to have been provided with hearing aids.	
(a) in 1970	2
(b) in previous years	8

TABLE C — ORTHOPAEDIC AND POSTURAL DEFECTS

	Number known to have been treated
(a) Pupils treated at clinics or out- patients departments	487
(b) Pupils treated at school for postural defects	—
Total	<u>487</u>

TABLE D — DISEASES OF THE SKIN

excluding uncleanliness, for which see TABLE C of Part I

						Number of pupils known to have been treated
Ringworm — (a) Scalp	..	..	..	..	..	—
(b) Body	..	..	..	..	..	—
Scabies	..	..	..	..	..	52
Impetigo	..	..	..	..	..	—
Other skin diseases	..	..	..	..	..	9
Total ..	..	..	..	..	..	<u>61</u>

TABLE E — CHILD GUIDANCE TREATMENT

	Number known to have been treated
Pupils treated at Child Guidance clinics ..	267

TABLE F — SPEECH THERAPY

	Number known to have been treated
Pupils treated by speech therapists ..	413

TABLE G — OTHER TREATMENT GIVEN

	Number known to have been dealt with
(a) Pupils with minor ailments	NIL
(b) Pupils who received convalescent treatment under School Health Service arrangements	NIL
(c) Pupils who received B.C.G. vaccination	1,253
(d) Other than (a), (b) and (c) above	NIL
Total (a)-(d)	<u>1,253</u>

SCHOOL DENTAL SERVICE

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE
AUTHORITY DURING THE YEAR ENDED 31st DECEMBER, 1970.

1 ATTENDANCES & TREATMENT

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First Visit	1,291	1,146	257	2,694
Subsequent Visits	2,555	2,887	696	6,138
Total Visits	3,846	4,033	953	8,832
Additional courses of treatment commenced	299	205	54	558
Fillings in permanent teeth	1,320	3,150	1,131	5,601
Fillings in deciduous teeth	2,669	252	—	2,921
Permanent teeth filled	1,182	3,100	1,024	5,306
Deciduous teeth filled	2,492	251	—	2,743
Permanent teeth extracted	56	404	73	533
Deciduous teeth extracted	1,023	305	—	1,328
General anaesthetics	333	125	12	470
Emergencies	244	131	18	393
Number of Pupils X-rayed .. .. .	..	..	..	366
Prophylaxis .. .. .	..	..	..	661
Teeth otherwise conserved .. .. .	..	..	..	365
Number of teeth root-filled .. .. .	..	..	..	78
Inlays .. .. .	..	..	..	3
Crowns .. .. .	..	..	..	40
Courses of treatment completed .. .. .	..	..	..	3,031

2 ORTHODONTICS

Cases remaining from previous year .. .. .	..	..	..	..	72
New cases commenced during year .. .. .	..	..	..	..	102
Cases completed during year .. .. .	..	..	..	..	77
Cases discontinued during year .. .. .	..	..	..	..	20
Number of removable appliances fitted .. .. .	..	..	..	..	128
Number of fixed appliances fitted .. .. .	..	..	..	..	—
Pupils referred to Hospital Consultant .. .. .	..	..	..	..	52

3 PROSTHETICS

	5 to 9	10 to 14	15 and over	Total
Pupils supplied with F.U. or F.L. (first time)	—	—	—	—
Pupils supplied with other den- tures (first time)	—	3	1	4
Number of dentures supplied	—	5	2	7

4 ANAESTHETICS

General Anaesthetics administered by Dental Officers	9
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5 INSPECTIONS

(a) First inspection at school. Number of Pupils	15,501
(b) First inspection at clinic. Number of Pupils	941
Number of (a) + (b) found to require treatment .. .. .	..	..	..	6,163
Number of (a) + (b) offered treatment .. .. .	..	..	..	5,318
(c) Pupils re-inspected at school or clinic .. .. .	..	..	..	3,004
Number of (c) found to require treatment .. .. .	..	..	..	1,315

6 SESSIONS

Sessions devoted to treatment .. .. .	..	..	..	..	1,472
Sessions devoted to inspection .. .. .	..	..	..	..	142
Sessions devoted to Dental Health Education .. .. .	..	..	..	..	3.5

